

Borough of Worthing



ANNUAL REPORT

on the

HEALTH OF WORTHING

for the Year

1968

J. A. G. GRAHAM

M.B., Ch.B., D.P.H.

Medical Officer of Health

and

Borough School Medical Officer

HEALTH DEPARTMENT,
WORTHING LODGE,
STOKE ABBOTT ROAD,
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(TELEPHONE: 37802)

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HEALTH DEPARTMENT,
WORTHING LODGE,
STOKE ABBOTT ROAD,
WORTHING.

October, 1969.

To the Mayor, Aldermen and Councillors of the Borough of Worthing.

It is again my duty and pleasure to present my Annual Report on the health of the Borough. This report is for 1968, the seventh since my appointment as your Medical Officer of Health. The presentation of an annual report is required by law, but its form may vary within wide limits. I have retained the division into four parts as in previous years, but some of the sections have been redesigned. In particular the tables in Part I dealing with statistics and infectious disease have been placed alongside the text to which they refer, and several of the less informative have been omitted altogether. As in previous years, Part III is concerned with the environmental health services, and has been written by Mr. J. R. Davenport, your Chief Public Health Inspector.

It is not always possible to vary greatly the contents of a report which has to be rewritten annually, but in most years there are events which have or will have their effect on the services provided by the Council and which should be recorded. 1968 was a particularly fruitful year, if that is the right adjective to describe a year which saw the birth of the Seebohm Report on local authority social services and the Green Paper on the future of the National Health Service. Nor was this all. 42 circulars and 57 letters on health and welfare matters stemmed from the Ministry of Health. Many of these were in connection with the regulations, rules, orders and statutory instruments which follow legislation. The Abortion Act, 1967, became operative on 27th April, 1968, and two other important Acts became law during the year. These were the Commonwealth Immigrants Act, concerned with the health control of immigrants, and the Health Services and Public Health Act dealing amongst other matters with the notification of infectious disease and with standards for private day nurseries and child minders. There were also for the first time regulations under the Dangerous Drugs Acts for the notification of drug addicts and the control of their supplies.

In the body of this report will be found more details about the effects of some of this social legislation in so far as it concerns Worthing, but I should like to record here in this preface a few more thoughts about Seebohm and the Green Paper.

At the time of writing a decision on the Seebohm Report seems imminent, and a second (revised) edition of the Green Paper has been promised for the turn of the year.

There is a very strong body of opinion wishing to implement Seebohm speedily and so bring together all social services within local government into one department and under one departmental head. There is also a nearly unanimous wish to integrate the three main branches of the National Health Service—the Green Paper's main theme. Such a unification of the health services is unlikely to materialise within any local government structure, and the present local authority health services will in all probability be transferred to the control of area boards. The combined effect

of implementing the recommendations of both reports seems likely, unless greatly modified, to result in the creation of a bipartite instead of a tripartite service. There would be not just two departments, but two separate administrative structures which, in my opinion, would be very unlikely to escape the co-ordinating difficulties of the present system.

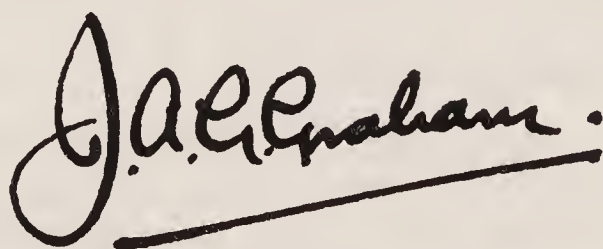
Moreover, it would seem to many that local democratic control is in danger of being sacrificed in the interests of a hoped for improvement in efficiency. The Green Paper's suggestions for the inner London area give a vivid illustration of the results of bureaucratic thinking. At present inner London, i.e., the area of what used to be the London County Council, has an Executive Council of 39 members for the general medical, dental, pharmaceutical and optical services, numerous hospital boards and management committees totalling nearly 1,000 members, and 13 local health authority committees with 240 members. Of the total of nearly 1,300, many have been directly elected and others nominated by elected bodies. If the Green Paper's proposals were implemented, these would be replaced by two area boards with a total of 32 members, all appointed.

I think it would be fair to say that most doctors accept that changes are necessary and that integration of the health services must come. Few, however, are happy with the proposals so far put forward. They are naturally concerned to maintain their independent status and would certainly wish to keep their professional advisory committees in existence. There is very little mention of this in the Green Paper, though it does suggest that some of the board members should have "broad professional knowledge of the medical and related services."

Nor do most doctors relish the thought that area boards should be part of a reorganised local government (as proposed by the Association of Municipal Corporations). General practitioners especially fear this might mean political interference. Personally, I believe such fears to be groundless and that adequate protection of remuneration, conditions of service, professional secrecy, etc., could be incorporated into any new organisation.

The future then is uncertain, and though the prospects are exciting, there is much anxiety among those whose personal futures are likely to be at stake. Let us hope that the important decisions which must soon be taken will prove to be the right ones.

It only remains for me once again to place on record my thanks to the Chairman and members of the Health and Welfare Committee, and the Education (school health service) Sub-Committee for their continued interest in the work of the department. I acknowledge also with gratitude the understanding support and co-operation from my medical and professional colleagues, my fellow Chief Officers and my loyal and hard-working staff.

A handwritten signature in dark ink, reading "J.A. C. Graham." The signature is written in a cursive style with a large initial "J" and a long horizontal stroke at the end.

*Medical Officer of Health and
Borough School Medical Officer.*

HEALTH AND WELFARE COMMITTEE :

(as on the 31st December, 1968)

COUNCILLOR MRS. N. M. LEPHARD (*Chairman*)

COUNCILLOR MRS. W. M. FRAMPTON (*Vice-Chairman*)

ALDERMAN MRS. D. E. RUDD, J.P.
(*Mayor*)

ALDERMAN MRS. H. M. PERYER

COUNCILLOR A. L. BAKER

COUNCILLOR A. E. DUNNING

COUNCILLOR S. C. ELLIOTT

COUNCILLOR J. C. HEAL

COUNCILLOR DR. R. H. NEEVE

COUNCILLOR P. F. SEARLE

COUNCILLOR M. G. SPOFFORTH

COUNCILLOR MRS. V. M. WHITE

WORTHING COMMITTEE FOR EDUCATION

(as on the 31st December, 1968)

ALDERMAN MRS. H. M. PERYER (*Chairman*)

COUNCILLOR S. C. ELLIOTT (*Vice-Chairman*)

ALDERMAN MRS. D. E. RUDD, J.P.
(*Mayor*)

ALDERMAN E. J. W. CUER, F.P.S.

ALDERMAN R. EDWARDS

ALDERMAN F. KENTON

ALDERMAN S. M. KNIGHT, J.P.

COUNCILLOR MRS. W. M. FRAMPTON

COUNCILLOR F. J. CHAPMAN

COUNCILLOR J. L. JEFFREE.
C.ENG., M.I.C.E.

COUNCILLOR P. H. THOMAS

COUNCILLOR E. L. WALTER

COUNCILLOR MRS. V. M. WHITE

COUNCILLOR MRS. D. M. WINGFIELD

West Sussex County Council Members:

COUNTY ALDERMAN MAJOR S. R. BROOKS

COUNTY ALDERMAN C. P. MASON, M.B.E.

COUNTY ALDERMAN R. MARTIN

COUNTY COUNCILLOR A. G. W. PENNEY

Co-opted: MR. T. A. EVANS, M.A., MR. D. HILL, MRS. L. WYATT

SCHOOL HEALTH SERVICE SUB-COMMITTEE

(as on the 31st December, 1968)

ALDERMAN MRS. H. M. PERYER (*Chairman*)

ALDERMAN E. J. W. CUER, F.P.S.

ALDERMAN R. EDWARDS

ALDERMAN S. M. KNIGHT, J.P.

COUNCILLOR S. C. ELLIOTT

COUNCILLOR P. H. THOMAS

COUNCILLOR MRS. V. M. WHITE

STAFF :

(at 31st December, 1968)

Medical Officer of Health and Borough School Medical Officer

J. A. G. GRAHAM, M.B., CH.B., D.P.H.

Deputy Medical Officer of Health and Deputy Borough School Medical Officer

J. C. AITKEN, M.B., CH.B., D.P.H.

Assistant Medical Officer and School Medical Officer

A. LOWRY, M.R.C.S., L.R.C.P., D.C.H.

Chief Public Health Inspector

J. R. DAVENPORT, M.A.P.H.I.

Deputy Chief Public Health Inspector

M. BLAKE, M.A.P.H.I.

District Public Health Inspectors

L. A. BIGGS, M.A.P.H.I.

D. L. OAKES, M.A.P.H.I.

P. E. CHATTELLE, M.A.P.H.I.

M. P. WAITT, M.A.P.H.I.

J. E. FANNON, M.A.P.H.I.

Vacancy

Area Dental Officer

D. E. GIBBONS, L.D.S., R.C.S., B.D.S.

Consultant Geriatric Physician

*R. B. FRANKS, M.B., M.R.C.P.

Consultant Ophthalmologist

*A. LYTON, F.R.C.S., D.O.

Consultant Psychiatrist

*M. ALDRIDGE, B.A., M.B., CH.B., D.P.M.

Area Nursing Officer and Superintendent Health Visitor

MISS M. NASH, S.R.N., S.C.M., H.V.CERT., DIP.SOC.SC.

Health Education Organiser

MRS. E. LOWETH, S.R.N., H.V.CERT.

Health Visitors (10½)

Domiciliary Midwives (4)

Domiciliary Nurses (20)

Nursing Auxiliaries (8)

Home Help Organiser

MRS. J. A. KENTON

Assistant Home Help Organisers

MRS. J. PARSONS

*MRS. K. DA COSTA

Home Helps (82 Regular Part-time)

Medical Social Worker

MISS E. Y. JONES, B.A., A.I.M.S.W.

Senior Mental Welfare Officer

L. O'RIORDAN, S.R.N., R.M.N., M.S.M.W.O.

Handicapped Services Officers

MRS. J. A. BOULD, M.A.O.T.

MRS. C. EMERY

Mental Welfare Officers

D. H. HARNOTT, R.M.N.

MISS J. P. NEWMAN, M.A.O.T.

Chiropodists

E. JONES, S.R.N., M.C.S.P., S.R.CH.

J. ALEXANDER, M.CH.S., S.R.CH

Orthoptist

*MISS H. WISE, D.B.O.

Physiotherapist

*MRS. P. MARKWICK, M.C.S.P.

Speech Therapist

MISS C. A. FOLEY, L.C.S.T.

Chief Clerk

T. L. CANTON

(Clerks 12½)

Other Staff

Chiropody Clinic Assistant (1)

Dental Surgery Assistant (1)

*Dental Receptionist/Clerk (1)

Social Centre Hostess (1)

*Social Centre Canteen Assistant (1)

Rodent Operators (2)

Student Public Health Inspectors (3)

General Assistant (1)

Mortuary Attendant (1)

*Part-time

Part I.

STATISTICS INFECTIOUS DISEASE AND METEOROLOGY

GENERAL STATISTICS

Area of Municipal Borough, including foreshore	8512.742 acres
Population (Census 1921)	31,520
Population (Census 1931)	46,230
Population (Census 1951)	69,431
Population (Census 1961)	80,329
Population (Census 1966—10% sample)	approx. 83,900
Registrar-General's Estimate of Resident Population (1968)	83,080
Number of inhabited Houses (1921)	7,013
Number of inhabited Houses (1968)	34,600
Rateable Value (1968)	£5,603,537
Estimated sum represented by a penny rate (1968-69) ..	£22,500

Population

The Registrar-General's estimate of the mid year population in 1968 (83,080) has been used throughout this report to calculate rates. The corresponding figure for 1967 was 81,200.

VITAL STATISTICS

Vital statistics for 1968 relating to mothers and infants are set out below in the form and detail requested by the Department of Health and Social Security.

Live Births:

Number	889
Rate per 1,000 population (adjusted)	17.3

<i>Illegitimate Live Births</i> (per cent. of total live births)	10.8
--	------

Stillbirths:

Number	14
Rate per 1,000 total live and stillbirths	15.5

<i>Total Live and Stillbirths</i>	903
---	-----

<i>Infant deaths</i> (deaths under 1 year)	10
--	----

Infant mortality rates:

Total infant deaths per 1,000 total live births	11.2
Legitimate infant deaths per 1,000 legitimate live births ..	8.8
Illegitimate infant deaths per 1,000 illegitimate live births	31.3

Neo-natal mortality rate:

(Deaths under four weeks per 1,000 total live births) ..	6.7
--	-----

Early Neo-natal mortality rate:

(Deaths under one week per 1,000 total live births) ..	4.5
--	-----

Peri-natal mortality rate:

(Stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	19.9
---	------

Maternal mortality (including abortions)

Number of deaths	—
Rate per 1,000 total live and stillbirths	0.0

BIRTHS

Live births to Worthing mothers in 1968 numbered 889 (477 boys and 412 girls). These figures refer to occurrences during the year and not to the number of registrations or notifications (see page 39).

There were 41 fewer live births than in the previous year. The crude live birth rate per 1,000 of the population was 10.7, which after multiplication by the Registrar-General's comparability factor of 1.62 gives an adjusted live birth rate of 17.3. This compares with 17.5 in Worthing in 1967 and with the national figure of 16.9 for 1968.

The table below shows the number of live births in Worthing during the past 10 years and compares the adjusted live birth rates with the national figures:—

Year	Live Births	Live Birth Rate* (adjusted)	Live Birth Rate* (England and Wales)
1959	708	10.9	16.5
1960	775	11.6	17.2
1961	783	10.9	17.6
1962	826	11.5	18.0
1963	856	16.3	18.2
1964	921	17.3	18.5
1965	933	17.4	18.1
1966	918	17.2	17.7
1967	930	17.5	17.2
1968	889	17.3	16.9

* per 1,000 population

Worthing's birth rate over the past five years has been fairly constant, in contrast to the slight but steady fall in the rate for England and Wales.

Illegitimate births

There were 96 illegitimate live births in 1968 (54 boys and 42 girls). This was 10.8% of the total live births, an increase of 0.3% over the previous year. Over the past 10 years illegitimacy has been on the increase, as the following table shows. It will be noted that Worthing (as with most urban areas) consistently records higher percentages than those of the county and of the country as a whole.

Year	Illegitimate Live Births	% of Total Live Births	Corresponding % for W. Sussex	Corresponding % for England and Wales
1959	47	6.6	4.4	5.1
1960	34	4.4	4.0	5.4
1961	48	6.1	5.0	5.9
1962	58	7.0	5.6	6.6
1963	56	6.6	5.8	6.9
1964	67	7.3	6.3	7.2
1965	81	8.7	6.8	7.7
1966	79	8.6	7.1	7.9
1967	98	10.5	7.9	8.4
1968	96	10.8	7.5	8.5

DEATHS

Registered deaths of Worthing residents for the first time topped the 2,000 mark in 1968. After allowing for inward transfers (357 deaths of residents outside the Borough) and outward transfers (311 deaths of non-residents in the Borough), Worthing's final allocation by the Registrar-General was 2,106 (859 males and 1,247 females). This was 137 more than in the previous year and gave the town a crude death rate of 25.3 per 1,000 of the population. After multiplying this by the comparability factor of 0.43 the adjusted death rate becomes 10.9, and this figure can be compared with the national and other local rates. The table below shows the total number of deaths from all causes in the past 10 years and compares the adjusted death rates with those for England and Wales.

Year	Deaths (all causes)	Death Rate* (adjusted)	Death Rate* (England and Wales)
1959	1,593	13.4	11.6
1960	1,640	13.2	11.5
1961	1,751	14.3	11.9
1962	1,807	14.7	11.9
1963	1,934	11.4	12.2
1964	1,772	10.3	11.3
1965	1,895	10.3	11.5
1966	1,885	10.0	11.7
1967	1,969	10.6	11.2
1968	2,106	10.9	11.9

* per 1,000 population

The proportion of deaths during the first quarter of the year was higher than normal—a reflection of the increased mortality at that time due to the influenza outbreak. Comparison with previous years shows this clearly:—

Year	Total no. of deaths	No. of deaths in 1st quarter	% of total
1964	1,772	502	28.3
1965	1,895	514	27.2
1966	1,885	535	28.4
1967	1,969	528	26.9
1968	2,106	797	37.8

Deaths by age group:

1,318 or 62.6% of all deaths were in the age group 75 years and over, compared with 62.0% in 1967. In an ageing population this figure will of course tend to rise every year. The following table analyses the deaths further into age groups by sex:—

Age group	Deaths from all causes		
	Male	Female	Total
Under 4 weeks	3	3	6
4 weeks and under 1 year	1	3	4
1-4 years	2	1	3
5-14 years	1	2	3
15-24 years	5	1	6
25-34 years	3	3	6
35-44 years	4	7	11
45-54 years	37	19	56
55-64 years	105	77	182
65-74 years	256	255	511
75 years and over	442	876	1,318
Total: all ages	859	1,247	2,106

Causes of death:

In 1968 the Registrar-General introduced a new classification of causes of death under 65 headings based on the International Abbreviated List (B List). Comparability with the earlier abridged list of 32 causes has, however, been retained. The details set out below are taken from figures issued by the General Register Office:—

B List Number	Cause of death	Males	Females	Total
1	Cholera	—	—	—
2	Typhoid Fever	—	—	—
3	Bacillary Dysentery and Amoebiasis ..	—	—	—
4	Enteritis and other Diarrhoeal Diseases	1	2	3
5	Tuberculosis of Respiratory System ..	1	1	2
6	Tuberculosis, other, inc. late effects ..	1	—	1
7	Plague	—	—	—
8	Diphtheria	—	—	—
9	Whooping Cough	—	—	—
10	Streptococcal Sore Throat and Scarlet Fever	—	—	—
11	Meningococcal Infection	1	1	2
12	Poliomyelitis, acute	—	—	—
13	Smallpox	—	—	—
14	Measles	—	—	—
15	Typhus and other Rickettsioses	—	—	—
16	Malaria	—	—	—
17	Syphilis and its sequelae	—	—	—
18	All other infective and parasitic disease	1	—	1
19—1	Malignant Neoplasm—Stomach ..	17	12	29
—2	—Lung, Bronchus	68	23	91
—3	—Breast	1	43	44
—4	—Uterus	—	13	13
—5	—Leukaemia	2	9	11
—6	—Other, inc. lymphatic and haemopoietic tissue ..	75	102	177
20	Benign neoplasms and Neoplasms of unspecified nature	—	2	2
21	Diabetes Mellitus	6	11	17
22	Avitaminosis and other nutritional deficiencies	—	1	1
23	Anaemias	1	1	2
24	Meningitis	2	—	2
25	Rheumatic Fever, acute	—	—	—
26	Rheumatic Heart Disease, chronic ..	6	12	18
27	Hypertensive Disease	5	15	20
28	Ischaemic Heart Disease	272	310	582
29	Heart Disease, other forms of	42	103	145
30	Cerebro-Vascular Disease	124	287	411
31	Influenza	27	36	63

B List Number	Cause of death	Males	Females	Total
32	Pneumonia	48	73	121
33—1	Bronchitis, Emphysema	57	16	73
—2	Asthma	—	2	2
34	Peptic Ulcer	16	13	29
35	Appendicitis	—	—	—
36	Intestinal Obstruction and Hernia ..	5	1	6
37	Cirrhosis of Liver	—	2	2
38	Nephritis and Nephrosis	—	2	2
39	Hyperplasia of Prostate	3	—	3
40	Abortion	—	—	—
41	Pregnancy, Childbirth and Puerperium, other complications of	—	—	—
42	Congenital Anomalies	1	2	3
43	Birth Injury, Difficult Labour and other anoxic and hypoxic conditions ..	1	1	2
44	Perinatal Mortality, other causes of ..	1	1	2
45	Symptoms and ill-defined conditions ..	—	5	5
46—1	Other disease—Endocrine, Nutritional or Metabolic	1	1	2
—2	—Blood and Blood-forming Organs	—	—	—
—3	—Mental Disorders	—	—	—
—4	—Nervous system and Sense Organs	7	12	19
—5	—Circulatory system	36	47	83
—6	—Respiratory system	7	12	19
—7	—Digestive system	—	17	17
—8	—Genito-Urinary system	6	7	13
—9	—Skin and Subcutaneous tissue	—	—	—
—10	—Musculo-Skeletal system and Connective tissue	1	6	7
47	Motor Vehicle Accidents	5	7	12
48	Accidents, all other	6	29	35
49	Suicide and Self-inflicted injuries ..	3	7	10
50	External causes, all other	2	—	2
	TOTALS	859	1,247	2,106

Stillbirths and infant mortality:

There were 14 stillbirths in 1968 (four less than in 1967) and 10 infant deaths under one year (15 in 1967). Of the 10 infant deaths during 1968 four were on the first day of life and a further two within the next four weeks.

The cause of death was mainly a result of prematurity in three cases, and the babies died within hours. A further two had congenital abnormalities of the brain and heart, and two more died from brain damage at birth. Three deaths, at four months, eight months and nine months, were the result of acute respiratory infection of viral origin.

Figures for perinatal mortality, i.e. stillbirths, and deaths in the first week of life, give a better indication of the hazards of being born than do the simple infant mortality rates. The following table compares the Worth- ing figures with those for England and Wales in the past five years:—

Year	No. of stillbirths	No. of deaths in first week	Perinatal mortality rate*	Corresponding rate for England and Wales*
1964	10	7	18.3	28.2
1965	13	5	19.0	26.9
1966	11	9	22.6	26.3
1967	18	6	27.4	25.4
1968	14	4	19.9	25.0

* per 1,000 total live and stillbirths

Though the Worthing figures are small and therefore subject to random variation, the rates tend to be lower than the national rates, which are themselves improving each year.

Deaths from Heart Disease:

Disease of the heart was again the commonest of all causes of death. Of the 2,106 deaths it was the cause in 765 cases (male 325 and female 440). It represented 36.3 per cent. of the total deaths from all causes and was equivalent to a death rate of 9.2 per 1,000 of the population. The corresponding death rate for England and Wales was 3.8.

The table below shows the number of deaths from heart disease and the rates per 1,000 of the population in the past 5 years.

Year	Ischaemic heart disease			Hypertensive disease		Other heart disease		Total	Rate per 1,000 of the population
	M.	F.	Total	M.	F.	M.	F.	M. and F.	
1964	184	156	340	11	14	90	199	654	8.1
1965	208	187	395	4	14	96	195	704	8.7
1966	198	180	378	4	7	102	201	692	8.5
1967	244	221	465	3	15	100	186	769	9.5
1968	272	310	582	5	15	48	115	765	9.2

Ischaemic heart disease includes "coronary thrombosis," "cardiac infarction," "angina," etc., and deaths from these causes showed a big jump from the previous year's figure of 465 to 582. Curiously, the increase was particularly marked for females, and for the first time ever there were more deaths among women than men. This was, however, only true in the age group 75 years and over, and must therefore be mainly a reflection of the much larger numbers of females in the town who live to this age or more. At the 1966 sample census there were approximately 8,300 females in this age group, but only 3,400 males.

Nevertheless, it is undoubtedly true that women are more liable to develop ischaemic heart disease than used to be the case, and it will be interesting to see whether the changed pattern continues in the next few years. The total number of deaths from all forms of heart disease has remained relatively stable, so the changes may mean no more than that death certification is becoming more specific. The increasing use of the electrocardiogram is perhaps resulting in more deaths being recorded as due to coronary thrombosis instead of the more general categories such as myocardial degeneration or arteriosclerotic myocarditis—terms commonly used for heart disease in the elderly.

Deaths from cerebro-vascular disease and other diseases of the circulatory system:

Together such deaths numbered 494 (160 males and 334 females) and were second only to heart disease as the commonest cause. This is a rate of 5.9 per 1,000 of the population (compared with 1.7 for England and Wales) and constituted 23.5% of the total number of deaths in Worthing during the year.

411 of these 494 deaths were due to cerebro-vascular disease, and include all deaths from strokes caused by cerebral haemorrhage, cerebral thrombosis, etc.

Deaths from Cancer

Cancer was the third commonest cause of death in 1968. The total of 365 deaths (163 males and 202 females) was 25 less than in 1967, and formed 17.3% of deaths from all causes, the smallest proportion since 1963. The death rate per 1,000 of the population had also fallen slightly, to 4.26, but was still almost double that for England and Wales (2.32). The age structure of Worthing's population accounts for this.,

The table below shows the number of cancer deaths, the rates per 1,000 of the population and the percentage of total deaths in the past five years. The figures differ a little from similar tables in previous years as they now include deaths from leukaemia.

Year	Number of deaths	Rate per 1,000 of the population	% of total deaths
1964	352	4.37	19.9
1965	352	4.30	18.6
1966	374	4.61	19.8
1967	390	4.80	19.6
1968	365	4.39	17.3

The localisation of the disease was as follows:—

Localisation	No. of deaths		
	Male	Female	Total
Stomach	17	12	29
Lung, bronchus	68	23	91
Breast	1	43	44
Uterus	—	13	13
Leukaemia	2	9	11
Other	75	102	177
Total ..	163	202	365

Deaths from Diseases of the Respiratory System:

There were 278 deaths attributed to diseases in this group (139 male and 139 female), making them the fourth commonest cause of death with a rate of 3.3 per 1,000 of the population. This compares with 2.0 the previous year and 1.7 for England and Wales. The following table analyses in more detail the figures over the past five years:—

Year	Influenza	Pneumonia	Bronchitis and Emphysema	Other diseases of Respiratory System	Total	Rate per 1,000 of population
1964	1	96	65	15	177	2.2
1965	2	125	55	27	209	2.6
1966	3	92	52	12	159	2.0
1967	1	85	67	13	166	2.0
1968	63	121	73	21	278	3.3

The sharp rise in the total number of deaths and of the rate is attributable mainly to the deaths from influenza. There was an outbreak of this illness early in the year affecting some 20% of the population. Fatalities, however, were confined in the main to the elderly, all but 17 being over 75, with only 2 under 65. These 63 influenza deaths included those diagnosed as influenzal pneumonia, but in addition to this there were a further 16 deaths in which influenza was given as a contributory cause.

INFECTIOUS DISEASE

New regulations concerning the notification of infectious disease and food poisoning were made under the Health Services and Public Health Act, 1968, and came into operation on October 1st. At the same time the fee payable for notification was raised from 2s. 6d. to 5s., the first increase since 1936.

The diseases now to be notified to the Medical Officer of Health are:—

Acute encephalitis	Ophthalmia neonatorum
Acute meningitis	Paratyphoid fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery (amoebic or bacillary)	Tetanus
Food poisoning	Tuberculosis
Infective Jaundice	Typhoid fever
Leprosy	Typhus
Leptospirosis	Whooping cough
Malaria	Yellow fever
Measles	

The list of notifiable diseases has included for the first time leptospirosis, tetanus, yellow fever and all cases of meningitis, not just meningococcal infection. Infective jaundice had become notifiable earlier in the year on the 15th June, under the Public Health (Infective Jaundice) Regulations, 1968.

Notification of the following is no longer required:—

Acute influenzal pneumonia	Erysipelas
Acute primary pneumonia	Membranous croup
Acute rheumatism	Puerperal pyrexia

Responsibility for notifying a case or suspected case of food poisoning or infectious disease rests exclusively on the medical practitioner attending the patient, unless he believes that another practitioner has already notified the case.

Diseases notified during the year totalled 74, compared with 430 in 1967. The sharp decline is due almost entirely to the fall in number of measles notifications, only 27 compared with 360 the year before. This could be due to the effect of the measles vaccination campaign (see page 50) which was started in July, but this cannot be claimed with certainty until the vaccine has been in use over a longer period.

In 1969 no cases occurred in Worthing of diphtheria, poliomyelitis, typhoid, paratyphoid or food poisoning, and the only disease other than measles which reached double figures was whooping cough, with 30 notifications received. The tables in the two following pages give further details.

Tuberculosis:

This disease continued to decline, with formal notifications of new cases numbering only three, nine fewer than in 1967. All were pulmonary.

Three deaths due to tuberculosis were assigned to Worthing residents by the Registrar-General—two pulmonary and one non-pulmonary (there were five the previous year).

During the year the number of patients on the Tuberculosis Register was reduced from 37 to 33. The position is summarised in the following table:—

	Males		Females		Total
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	
Number of cases on register on 1.1.68 ..	23	—	13	1	37
New cases ..	2	—	1	—	3
Number of cases restored to register ..	—	—	—	—	—
Number of cases added other than by formal notification	2	—	—	—	2
Number of cases removed from register	8	—	1	—	9
Number of cases on register on 31.12.68	19	—	13	1	33

Further information about tuberculosis discovered by means of mass radiography is given on page 51, and details about B.C.G. vaccination on page 52.

NOTIFIED INFECTIOUS DISEASES—1968 (Corrected in Cases of Revised Diagnosis)

	Under 1 year	1	2	3	4	5-9	10-14	15-19	20-24	25-34	35-44	45-64	65 and over	Age un- known	Total
Scarlet Fever ..	—	—	—	—	—	2	1	—	—	—	—	—	—	—	3
Whooping Cough ..	1	7	3	4	1	10	2	1	1	—	—	—	—	—	30
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ..	1	2	5	5	7	5	1	1	—	—	—	—	—	—	27
†Acute Pneumonia ..	—	—	—	—	—	—	—	—	—	—	—	2	2	—	4
Meningococcal Infection	1	—	—	—	—	—	—	—	1	—	—	1	—	—	3
Acute Poliomyelitis (Paralytic) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (Non-Paralytic) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ..	—	1	—	1	—	—	—	—	—	—	—	—	—	—	2
†Puerperal Pyrexia ..	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
Typhoid Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis ..	—	—	—	—	—	—	—	—	—	1	—	2	—	—	3
*Infective Jaundice ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Totals ..	3	10	8	10	8	17	4	2	2	2	—	5	3	—	74

† Ceased to be notifiable after 30th September, 1968.

* Became notifiable on 15th June, 1968.

NOTIFIED INFECTIOUS DISEASES—1954-1968

YEAR:—	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Scarlet Fever	38	21	23	16	17	45	50	7	3	5	9	6	29	42	3
Whooping Cough ..	444	42	30	230	24	76	89	27	—	19	22	15	8	8	30
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	2	555	12	203	418	1,087	12	392	12	930	35	759	386	360	27
†Acute Pneumonia ..	11	12	31	19	6	7	4	4	—	3	—	2	2	2	4
Meningococcal Infection	—	1	—	—	—	—	—	—	—	1	—	—	3	—	3
Acute Poliomyelitis (Paralytic) ..	—	2	4	5	1	—	—	—	—	—	—	1	—	—	—
Acute Poliomyelitis (Non-Paralytic)	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—
Dysentery	1	10	13	1	2	—	—	1	—	7	—	9	1	2	2
†Puerperal Pyrexia ..	5	2	2	2	1	—	1	2	3	—	2	1	2	1	1
Typhoid Fever ..	—	—	—	—	—	—	1	—	—	—	2	—	1	—	—
Paratyphoid Fever ..	—	4	—	—	—	—	—	—	1	—	—	—	1	—	—
Food Poisoning ..	1	6	2	6	3	2	1	—	1	—	—	—	—	3	—
Malaria	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Tuberculosis	30	24	17	20	15	35	16	10	17	14	8	14	5	12	3
*Infective Jaundice ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1

† Ceased to be notifiable after 30th September, 1968.

* Became notifiable on 15th June, 1968.

Influenza:

Mention has already been made of the influenza outbreak which began at Christmas, 1967, and continued throughout January, 1968, gradually disappearing at the beginning of February. The epidemic was nationwide but mild. In Worthing approximately 20% of the population was affected, spread over about six weeks, but few had to be off work for more than a few days, and complications were rare except in the elderly. There were 63 deaths, mainly in the very old, the youngest fatality being in a man aged 60.

Since 1963 members of Worthing Corporation staff have been offered vaccination against influenza and the 1968 outbreak was the first opportunity of testing its efficacy on a large scale. The experience of 403 employees who had been vaccinated in November, 1967, was compared with the rest of the staff (approximately 2,000 in all since teachers and manual workers were included).

This was not, of course, a scientifically controlled experiment and the results must therefore be treated with caution. Unfortunately they are not as encouraging as one could wish, though they do show that vaccination reduces the likelihood of contracting the illness. It was found that 14.9% of those who were vaccinated got influenza compared with 23.6% of those who were not. Put another way, one could say that the odds on "going down with 'flu" had been reduced from approximately 1 in 4 to 1 in 7 if a person had been vaccinated a few months before the outbreak.

Vaccination against influenza might be more effective than these findings suggest, however, as there are a number of factors not taken into account. Some of the "non-immunised" who did not contract the illness might have escaped because of a degree of partial immunity conferred on them as a result of vaccination in previous years (though not in November, 1967), or because of having had the disease sometime in the past, possibly many years previously. Others might not have had influenza at all, for it is not uncommon in such outbreaks for there to be other virus illnesses of a similar nature occurring at the same time, and these may well be labelled influenza without virological proof, and against which influenza vaccine could not be expected to give protection.

Another finding from the survey was that the number of days off work was significantly less among those who had received vaccination, and fewer had felt the need to call in their doctor. Thus even though a vaccinated person could still get infected and become ill, the disease was likely to be less severe than if no protection at all had been given.

The virus responsible in this epidemic was the Influenza A2 virus, with an antigenic strain very similar to that causing most outbreaks of influenza in recent years. The vaccines in current use contained this strain and could reasonably be expected therefore to confer some immunity. This was the position at the beginning of the year.

During the summer, however, there was a considerable prevalence of influenza in Singapore and Hong Kong, and the virus isolated, although related to A2, showed substantial antigenic differences. It seemed unlikely that there could be much existing immunity to this strain, and as the disease appeared to be spreading to Europe there was some anxiety about whether a suitable vaccine could be prepared in sufficient quantity to meet the need. In the event supplies fell far short of the amount required, for there was

much publicity about the so-called “Hong Kong ‘Flu.” For public demand to have been satisfied would have required three or four times the quantity the drug firms were able to produce at such short notice.

Supplies were therefore rationed, and many requests had to be refused. Worthing was fortunate in obtaining sufficient vaccine to give inoculations to all the medical and nursing staff at Worthing Hospital, and to 636 Town Hall staff. Many people felt that the latter should not have had priority over the general public, but the drug firms honoured their orders on a “first come first served” basis, and by the time the public wrath was roused the Town Hall staff had been done !

We need not have worried. Such are the vagaries of influenza that what threatened to be another pandemic spreading across Europe fizzled out ignominiously. Only a few cases were reported in this country. Hong Kong ‘flu was the ‘flu that never was. The winter of 1968/69 remained virtually free from influenza.

Venereal Disease:

The National Health Service (Venereal Disease) Regulations, 1968, came into operation on the 2nd December. These drew attention to the continuing need for strict confidentiality concerning patients suffering from venereal disease, and to arrangements for tracing contacts.

The number of cases reported in Worthing in 1968 fell slightly. I am indebted to Dr. D. R. Levinson, Consultant Venereologist, for the following statistics which relate to West Sussex patients seen at Worthing Hospital during the past five years.

Disease	Number of new cases in year				
	1964	1965	1966	1967	1968
Syphilis	5	9	4	3	3
Gonorrhoea	25	37	52	34	18
Other conditions	105	168	182	176	185
Total	135	214	238	213	206

The above figures include patients who live outside the Borough. Not included are others who are resident here but attended treatment centres elsewhere, e.g. in Brighton.

METEOROLOGY

The Meteorological Station is in Beach House Park which is 25 feet above Ordnance Datum. Here all the instruments, except the Fortin Standard Barometer and the Sunshine Recorder are kept. Observations are taken every day throughout the year at 9 a.m. and 6 p.m.

All instruments at the local Meteorological Observatory are examined and tested periodically by Officers of the Meteorological Office, Air Ministry, Bracknell, Berkshire.

A code report is sent by telephone each evening to the Meteorological Office, London, and the leading newspapers are supplied with reports from that Office.

Weekly reports are sent to the local newspapers, and a full report monthly to the Meteorological Office, Bracknell, for publication in their journals. Rainfall statistics are supplied to the British Rainfall Organisation.

The daily weather report of the Air Ministry, the previous day's sunshine card and a collection of charts and records are also exhibited in the windows of the Information Bureau at the Pier.

A statistical summary of Worthing's climate over the past 60 years can be found in Table I on page 26. From these figures emerge the following records:

Lowest temperature	13°F. in 1929
Highest temperature	90°F. in 1947
Lowest rainfall	13.26 inches in 1921
Highest rainfall	41.43 inches in 1960
Least sunshine	1,600.2 hrs. in 1913
Most sunshine	2,128.9 hrs. in 1949

WORTHING'S WEATHER, 1968

Last year was the town's dullest year since 1960. 1643.5 hours were recorded as against the average of 1821 hours. There have been only two smaller sun totals since the end of the war.

For the fourth successive year rainfall was above average and it was the wettest year since 1966. In the last 20 years there have been only four wetter years. On July 9th 2.35ins. of rain fell in two hours of which nearly 2.00ins. fell in one hour, a fall classified as "remarkable" by the Meteorological Office. Surprisingly with so much rain the year had the least number of rain-days (135) since 1959.

The hottest day occurred on July 1st with a temperature of 82°. This has been exceeded on only three occasions in the last 20 years.

The 92 "official" days of summer were somewhat disappointing, the temperatures reached the "70's" on only 15 days, there were 29 rain-days, rainfall totalled 8.11ins. (average 5.95ins.) and sunshine amounted to 561.7 hours (average 685 hours).

The winter was the coldest since 1963. Snow, however, was infrequent falling on only six days. Snow was observed lying at the Meteorological Station on only two days—and there were 77 ground frosts compared with 67 last year.

Summary of Observations :

Total amount of bright sunshine: 1,643.5 hours.

Number of days with sunshine: 287.

Rainfall: 30.98 inches.

Number of rain days (0.1 inch or more): 135.

Number of wet days (.04 inch or more): 103.

Highest barometric reading: 30.656 inches on 27th March.

Lowest barometric reading: 28.886 inches on 27th December.

Warmest day: 1st July (82°).

Coldest night: 10th January (24°).

Coldest day: 10th January (33°).

Warmest night: 2nd July (64°).

Warmest month (by day) August (average temperature 67.8°).

Coldest month (by night) February (average temperature 33.0°).

Mean temperature: 50.5°.

Mean relative humidity, at 9 a.m.: 81.6%.

Lowest temperature on the grass: 20° on 4th February.

Wettest day: 9th July (2.35 inches).

Sunniest day: 12th June (15.4 hours).

Number of days snow or sleet fell: 6.

Number of days hail fell: 3.

Number of days thunder heard: 14.

Number of ground frosts: 77.

Number of days with gales: 4.

Number of days snow lying: 2.

Number of days with fog (9 a.m.): 3.

Bright Sunshine

The Campbell-Stokes Sunshine Recorder is fixed on a platform at the top of Christ Church tower, 111 feet above mean sea level and 84 feet above ground level.

The duration of bright sunshine for the year was 1,643.5 hours, the dullest year since 1960.

This amount is 36.1 per cent. of the time during which the sun was above the horizon, giving a daily mean of 4.50 hours. The average yearly sunshine for the previous 20 years was 1,816.9 hours. During this period the year with the highest record was 1949, when 2,128.9 hours were recorded, whilst the year 1958 was the lowest with 1,601.5 hours. The sunniest day was 12th June when 15.4 hours were recorded.

May, with 210.9 hours, was the sunniest month and December with 45.7 hours, was the least sunny.

A sunless day is one on which less than six minutes of bright sunshine are recorded. Tables II, III and IV on pages 27, 28 and 29 give further details.

Rainfall

This is measured by an official 5 inch Copper Rain Gauge (Met. Office pattern).

The rainfall for the year 1968 was 30.98 inches. This amount is 3.49 inches above the Normal and 4.02 inches above the previous 20 years' average.

The month of March was the driest with 0.85 inch falling below the Normal amount by 0.87 inch. October was the wettest month with 4.27 inches, this amount being 1.32 inches above the Normal. The heaviest daily rainfall was 2.35 inches on 9th July. There were 135 days on which 0.01 inch or more rain fell, compared with 149 days which is the average number for the previous 20 years.

One inch of rainfall is equivalent to 100.925 tons per acre or 14.4686 millions of gallons per square mile.

SUMMER RAINFALL. Total for six months (1st April to 30th September) was 17.69 inches compared with an average summer rainfall for the previous 10 years of 13.02 inches.

WINTER RAINFALL. Total for six months (January to March and October to December) was 13.29 inches, compared with an average winter rainfall for the previous 10 years of 16.37 inches.

Tables V and VI on pages 30 and 31 give further information.

Barometric pressure

The mean barometric reading for the year was 29.986 inches (when reduced to sea level and to a temperature of 32° Fahr.), the average for the previous 10 years being 29.985 inches. The highest reading for the year was 30.656 inches on 27th March, and the lowest reading was 28.886 inches on 27th December. The absolute range for the year was 1.770 inches and the average range for the previous 10 years 1.876 inches.

One inch barometric pressure is equivalent to 70.727 lbs. per square foot.

Table VII on page 32 shows the monthly readings.

Temperature and Humidity

The shade thermometers, in a Stevenson screen, are:—self-recording maximum, self-recording minimum, dry bulb and wet bulb.

All thermometers are Fahrenheit and are verified at the National Physical Laboratory, Kew.

A self-recording minimum thermometer is used for registering the temperature on the grass.

Two earth thermometers are in use at various depths—1ft. and 4ft.

The mean temperature for the year was 50.5° Fahr. which is 0.5° below the Normal. The highest shade temperature for 1968 was 82° recorded on 1st July, and the lowest 24° on 10th January. The extreme range of temperature was 58° compared with an average of 57° for the previous 10 years. The temperature on the grass fell below 32° on 77 nights. The lowest temperature on the grass was 20° during the night of February 4th.

Humidity

The mean relative humidity of the atmosphere (percentage of saturation of the air) at 9 a.m. was 81.0% compared with the previous 10 years' average of 81%.

Table VIII on page 32 gives the monthly mean maximum and minimum temperature readings and Table IX on page 33 further details on cloud and relative humidity.

Wind

Percentages of direction of wind from 732 observations taken at 9 a.m. and 6 p.m. throughout the year :—

	9 a.m.	6 p.m.		9 a.m.	6 p.m.
	%	%		%	%
N.	8.5	10.4	S.	4.7	7.1
N.E.	21.0	16.1	S.W.	25.1	26.0
E.	3.8	4.1	W.	10.4	14.2
S.E.	12.8	10.9	N.W.	13.7	11.2
Calm	—	—			

Further details can be found in Table X on page 34.

Visibility

This is measured on an arbitrary scale which depends on ability to see a particular object from a fixed view point. For example, if maximum visibility from the office gate is the north west corner of the town hall (a distance of 110 yards), then “thick fog” is present, designated by the letter “C”. If on the other hand visibility from Christ Church Tower extends to Selsey Bill (18¼ miles), but not Beachy Head (27 miles) then it is said to be “very good” (L), but not “excellent” (M).

During 1968, fog was recorded on three occasions at 9 a.m. Excellent visibility was recorded on 49 occasions. The complete record is shown in Table XI on page 35 with a key to the table on page 36.

TABLE I—CLIMATE OF WORTHING—1909-1968

Year	Temperatures							Rainfall		Sunshine	Year
	Means					Extremes		Amount at Observ- atory	Number of days rain fell	Number of hours in year	
	9 a.m.	Min.	Max.	Range	Mean	Min.	Max.				
	Degrees							Inches			
1909 ..	49.7	43.0	54.6	11.6	48.8	19.9	81.2	32.11	178	1958.6	.. 1909
1910 ..	50.8	44.5	55.9	11.4	50.1	21.9	73.8	32.57	191	1731.0	.. 1910
1911 ..	52.8	45.1	58.0	12.9	51.5	25.4	87.9	31.68	149	2115.0	.. 1911
1912 ..	51.6	45.0	56.6	11.6	50.8	19.0	84.2	35.95	192	1609.9	.. 1912
1913 ..	52.1	45.9	57.4	11.5	51.6	26.2	79.0	34.98	170	1600.2	.. 1913
1914 ..	52.7	45.2	57.9	12.7	51.5	23.2	78.2	31.31	164	2000.5	.. 1914
1915 ..	51.1	43.8	56.3	12.5	50.5	24.7	77.1	36.64	152	1801.3	.. 1915
1916 ..	51.2	44.7	56.3	11.6	50.5	25.0	77.0	32.89	182	1658.0	.. 1916
1917 ..	49.2	43.0	54.6	11.6	48.8	20.7	79.0	25.49	147	1804.7	.. 1917
1918 ..	51.0	44.7	56.5	11.8	50.6	20.0	78.0	24.41	165	1856.5	.. 1918
1919 ..	49.4	42.9	54.9	12.0	48.9	22.0	78.5	28.54	158	1788.5	.. 1919
1920 ..	51.7	45.6	56.6	11.0	51.1	23.0	76.0	26.40	139	1692.1	.. 1920
1921 ..	53.4	46.4	58.8	12.4	52.6	27.6	86.7	13.26	108	2101.5	.. 1921
1922 ..	50.1	43.9	54.8	10.9	49.3	25.2	78.2	25.71	159	1781.2	.. 1922
1923 ..	50.8	44.5	55.6	11.1	50.1	24.0	86.0	30.62	170	1805.9	.. 1923
1924 ..	50.8	45.4	55.3	9.9	50.3	25.0	74.6	32.65	159	1759.6	.. 1924
1925 ..	49.8	44.7	55.9	11.2	50.3	24.0	80.2	34.70	158	1955.8	.. 1925
1926 ..	51.6	45.7	56.7	11.0	51.2	21.8	83.3	28.57	160	1677.7	.. 1926
1927 ..	50.8	45.0	55.8	10.8	50.4	22.4	78.1	34.88	165	1731.4	.. 1927
1928 ..	51.9	45.1	57.0	11.9	51.0	21.6	82.0	32.84	161	1999.1	.. 1928
1929 ..	50.9	44.1	56.0	11.9	50.0	13.0	80.0	29.71	134	2062.5	.. 1929
1930 ..	52.0	46.9	56.4	9.5	51.3	26.0	82.6	28.31	169	1821.4	.. 1930
1931 ..	51.0	45.0	55.0	10.0	50.0	21.0	77.0	25.80	147	1610.5	.. 1931
1932 ..	50.5	45.1	55.8	10.7	50.5	23.0	80.0	23.91	148	1616.7	.. 1932
1933 ..	52.0	45.5	56.4	10.9	51.2	23.6	81.2	20.40	125	2102.6	.. 1933
1934 ..	52.1	45.6	57.5	11.9	51.8	24.0	82.0	27.49	139	1811.0	.. 1934
1935 ..	51.8	46.1	56.6	10.5	51.3	25.6	83.8	37.74	173	1805.2	.. 1935
1936 ..	51.3	45.4	55.9	10.5	50.7	27.1	81.3	27.42	169	1675.0	.. 1936
1937 ..	51.5	46.3	57.2	10.9	51.8	26.0	76.8	31.59	162	1668.3	.. 1937
1938 ..	52.7	46.1	57.1	11.0	51.6	19.5	82.5	22.95	156	1796.4	.. 1938
1939 ..	51.8	45.8	56.5	10.7	51.2	20.0	81.5	34.42	171	1809.7	.. 1939
1940 ..	50.0	45.0	56.0	11.0	50.5	16.0	80.0	30.13	148	1976.8	.. 1940
1941 ..	50.3	44.0	56.0	12.0	50.0	22.0	83.0	25.83	139	1791.7	.. 1941
1942 ..	50.0	44.8	55.3	10.5	50.5	19.0	83.0	24.62	129	1711.6	.. 1942
1943 ..	52.0	46.0	58.0	12.0	52.0	28.0	80.0	23.68	145	1864.8	.. 1943
1944 ..	51.3	45.4	56.2	10.8	50.8	26.0	81.0	22.14	136	1765.5	.. 1944
1945 ..	52.5	46.5	57.2	10.7	51.2	19.0	80.0	22.98	138	1783.9	.. 1945
1946 ..	51.6	45.5	55.7	10.2	50.6	23.0	76.0	30.96	170	1790.7	.. 1946
1947 ..	51.3	45.7	56.1	10.4	50.9	15.0	90.0	24.31	139	1896.8	.. 1947
1948 ..	52.6	46.6	57.6	11.0	52.1	17.0	88.0	25.23	154	1916.9	.. 1948
1949 ..	53.3	47.2	58.4	11.2	52.8	29.0	81.0	23.90	120	2128.9	.. 1949
1950 ..	52.1	46.1	56.7	10.6	51.4	24.0	81.0	26.95	157	1805.4	.. 1950
1951 ..	51.9	46.0	56.3	10.3	51.2	22.0	76.0	37.98	184	1838.4	.. 1951
1952 ..	50.7	45.0	56.0	11.0	50.2	23.0	82.0	28.54	175	1917.0	.. 1952
1953 ..	51.9	46.2	57.1	10.9	51.7	25.0	80.0	24.33	125	1885.1	.. 1953
1954 ..	51.0	45.3	56.0	10.7	50.7	18.0	75.0	30.28	188	1687.3	.. 1954
1955 ..	51.0	44.8	56.4	11.6	50.6	25.0	84.0	24.75	140	1936.4	.. 1955
1956 ..	49.9	44.2	55.0	10.8	49.6	16.0	77.0	24.08	148	1726.7	.. 1956
1957 ..	52.2	46.8	57.1	10.3	51.9	30.0	82.0	25.30	162	1836.4	.. 1957
1958 ..	50.8	45.9	55.5	9.6	50.7	23.0	77.0	34.36	169	1601.5	.. 1958
1959 ..	53.1	47.1	58.7	11.6	52.9	26.0	82.0	23.47	128	2123.9	.. 1959
1960 ..	51.4	46.5	56.4	9.9	51.5	21.0	80.0	41.43	196	1617.9	.. 1960
1961 ..	52.6	46.7	57.5	10.8	52.1	25.0	79.0	27.29	152	1875.8	.. 1961
1962 ..	49.7	43.8	54.7	10.9	49.2	18.0	73.0	25.86	143	1794.4	.. 1962
1963 ..	49.0	44.1	53.5	9.4	48.8	18.0	80.0	26.93	165	1643.9	.. 1963
1964 ..	50.9	45.5	55.9	10.4	50.7	23.0	78.0	26.55	148	1743.0	.. 1964
1965 ..	50.0	44.5	55.1	10.6	49.8	22.0	73.0	30.74	159	1705.7	.. 1965
1966 ..	51.8	46.0	56.4	10.4	51.2	22.0	81.0	31.23	178	1652.6	.. 1966
1967 ..	51.0	46.0	56.5	10.5	51.2	17.0	79.0	29.16	150	1900.4	.. 1967
1968 ..	50.8	45.6	55.3	9.7	50.5	24.0	82.0	30.98	135	1643.5	.. 1968

TABLE II—**BRIGHT SUNSHINE—1968 (Mainland Stations)**

The following is an extract from the Table of Official Returns of the Meteorological Office, and shows the relative positions of Mainland Stations in the South-Eastern Coastal area:—

<i>Position</i>	<i>Station</i>					<i>Sunshine (Hours)</i>
1	Bognor Regis	..	..	..	..	1712.3
2	Brighton	..	..	..	..	1693.7
3	Eastbourne	..	..	..	..	1663.5
4	Southsea	..	..	..	..	1656.2
5	Littlehampton	..	..	..	..	1652.0
6	WORTHING	..	..	..	..	1643.5
7	Hayling Island	..	..	..	..	1638.0
8	Bournemouth	..	..	..	..	1615.9
9	Everton (Efford)	..	..	..	..	1580.1
10	Bexhill	..	..	..	..	1543.8
11	Rustington	..	..	..	..	1571.2
12	Thorney Island	..	..	..	..	1546.1
13	Folkestone	..	..	..	..	1504.2
14	Hastings	..	..	..	..	1495.1
15	Southampton	..	..	..	..	1480.6
16	Margate	..	..	..	..	1419.3
17	Whitstable	..	..	..	..	1416.3
18	Dover	..	..	..	..	1390.3
19	Herne Bay	..	..	..	..	1389.8

Since records began in 1889 there have been only six duller years in Worthing, 1912, 1913, 1931, 1932, 1958 and 1960. Sunshine was 178 hours below the 30-year average.

TABLE III—BRIGHT SUNSHINE

Month	Total Hours Bright Sunshine	Average for 30 years 1931-1960	Hours Daily Mean	Percentage of average %	Days with Sunshine	Most in one day Hours	Monthly Total			
							Highest		Lowest	
							Hours	Year	Hours	Year
January ..	60.3	71	1.95	86	19	7.0	109.9	1940	34.5	1912
February ..	92.6	83	3.19	109	19	9.8	140.3	1949	29.8	1947
March ..	158.5	141	5.11	113	29	10.6	220.8	1907	77.9	1964
April ..	204.8	187	6.83	110	29	12.6	267.2	1912	105.3	1905
May ..	210.9	230	6.80	92	29	14.3	353.1	1909	148.9	1932
June ..	203.9	243	6.80	84	27	15.4	327.1	1957	143.5	1909
July ..	198.4	224	6.40	88	30	14.9	369.0	1911	133.8	1944
August ..	159.4	218	5.14	73	26	11.9	298.4	1899	112.6	1912
September ..	166.4	166	5.55	101	26	10.7	262.6	1898	97.1	1945
October ..	82.8	124	2.67	67	24	8.4	182.9	1965	81.9	1915
November ..	59.8	73	1.99	82	14	8.4	131.3	1909	39.6	1962
December ..	45.7	61	1.47	75	14	5.7	113.8	1962	22.3	1956
Year 1968 ..	1643.5	1821	4.50	90	286	15.4	369.0	July 1911	22.3	Dec. 1956
Highest and Lowest Year Totals							2141.0	1899	1600.2	1913

TABLE IV—BRIGHT SUNSHINE

Year	Campbell-Stokes Recorder Bright Sunshine Hours	Bright Sunshine Days	Sunniest Days	
			Day	Hours
1948	1916.9	319	May 18th	14.9
1949	2128.9	317	July 10th	14.8
1950	1805.4	312	June 16th	15.1
1951	1838.4	297	June 19th	15.1
1952	1917.0	317	June 30th	15.1
1953	1885.1	302	July 24th	14.3
1954	1687.3	301	June 20th	14.4
1955	1936.4	305	May 30, June 1	14.9
1956	1726.7	311	July 25th	14.9
1957	1836.4	307	June 13th	15.5
1958	1601.5	306	May 28, June 14	14.9
1959	2123.9	320	June 17th	15.3
1960	1617.9	298	June 20th	15.1
1961	1875.8	311	June 29th	15.0
1962	1794.4	306	June 7th	15.3
1963	1643.9	286	June 6th	15.2
1964	1743.0	284	July 13th	15.0
1965	1705.7	310	June 28th	14.7
1966	1652.6	296	May 30th	14.9
1967	1900.4	315	July 11th	15.1
1968	1643.5	286	June 12th	15.4
Average for 20 years 1948—1967	1816.9	306		

TABLE V—RAINFALL

1968	Total Rain-fall	Difference from the Normal	Greatest Fall in 24 hours beginning 9 a.m.	Number of Days with		Total Rain Days
				.01 in. or more	.04 in. or more	
January ..	ins. 2.70	ins. —0.24	ins. 0.88	16	10	16
February ..	2.28	+0.28	0.57	11	9	11
March ..	0.85	—0.87	0.21	9	6	9
April	3.44	+1.66	0.53	14	12	14
May	2.18	+0.53	0.49	11	8	11
June	2.47	+0.88	0.42	12	11	12
July	4.13	+1.99	2.53	8	7	8
August ..	1.57	—0.61	0.40	9	7	9
September ..	3.96	+1.80	1.03	16	11	16
October ..	4.27	+1.32	1.11	13	10	13
November ..	1.01	—2.43	0.38	7	5	7
December ..	2.18	—0.72	0.72	9	7	9
Year	30.98	+3.49	2.35	135	103	135

TABLE VI—RAINFALL

Year	Rainfall in inches	No. of Days Rain fell (0.01 inch or more)	Greatest Fall in a Day	
			Amount in inches	Day and Month
1948	25.23	154	1.41	6th August
1949	23.90	120	1.34	20th October
1950	26.95	157	0.89	20th November
1951	37.98	184	1.40	11th June
1952	28.54	175	1.29	30th September
1953	24.33	125	1.22	12th October
1954	30.28	188	1.81	25th July
1955	24.75	140	1.40	22nd September
1956	24.08	148	0.97	4th September
1957	25.30	162	1.27	3rd November
1958	34.36	169	1.62	28th January
1959	23.47	128	0.83	6th December
1960	41.43	196	1.74	10th August
1961	27.29	152	1.77	29th January
1962	25.86	143	1.12	20th July
1963	26.95	165	1.04	15th November
1964	26.55	148	1.67	31st May
1965	30.74	159	1.44	2nd August
1966	31.23	178	1.38	6th August
1967	29.16	150	1.32	3rd November
Average for 20 years 1948–1967	26.96	149	1.81	25th July
1968	30.98	135	2.35	9th July

TABLE VII—BAROMETRIC PRESSURE

1968	Barometric pressure (Reduced to sea level and 32° Fahr.)		
	Mean (inches)	Extremes	
		Highest	Lowest
January	30·077	30·551	29·463
February	29·896	30·450	29·216
March	30·035	30·656	29·269
April	30·004	30·551	29·401
May	29·998	30·408	29·537
June	30·002	30·349	29·556
July	30·118	30·449	29·678
August	29·986	30·311	28·471
September	29·880	30·300	29·514
October	30·021	30·296	29·409
November	29·952	30·337	29·304
December	29·862	30·319	28·886
Year 1968	29·986	30·656	28·886

TABLE VIII—TEMPERATURE

1968	Air temperature in screen (F)					
	Means of		Mean of A & B	Difference from normal	Extremes	
	A Max.	B Min.			Max.	Min.
	(°)	(°)	(°)	(°)	(°)	(°)
January	44·3	35·2	39·7	— 1·2	52	24
February	42·6	33·0	37·8	— 3·1	48	26
March	49·5	39·7	44·6	+ 0·8	57	29
April	53·0	41·3	47·1	— 0·9	64	31
May	57·0	46·4	57·7	— 1·8	67	40
June	64·3	54·1	59·2	+ 0·1	72	47
July	66·9	55·6	61·3	— 1·2	82	49
August	67·8	56·6	62·2	— 0·4	76	49
September	64·9	54·6	59·7	+ 0·3	69	48
October	61·5	53·3	57·4	+ 4·5	67	41
November	49·6	42·2	45·9	— 0·3	59	31
December	42·6	35·9	39·3	— 2·5	53	24
Year 1968	55·3	45·7	50·5	— 0·5	82	24

TABLE IX—CLOUD AND HUMIDITY

Month.			Cloud Amount Scale 1-8		Mean Relative Humidity	Mean Humidity previous 10 years 1958-1967
			9 a.m.	6 p.m.	9 a.m.	9 a.m.
January	..	..	6	6	$\frac{\%}{87}$	$\frac{\%}{87}$
February	..	..	6	6	84	85
March	..	..	5	5	75	78
April	..	..	5	5	77	78
May	..	..	6	6	77	75
June	..	..	5	5	79	77
July	..	..	6	5	71	73
August	..	..	5	6	83	81
September	..	..	6	6	83	81
October	..	..	6	6	87	85
November	..	..	6	6	85	85
December	..	..	7	6	90	89
Year 1968	..	..	6	6	81	Yearly average 81

TABLE X—WINDS

Month.	9 a.m. OBSERVATIONS.—DIRECTION.								
	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm
January	1	3	—	1	3	7	6	10	—
February	1	13	3	3	2	3	1	4	—
March	1	6	—	1	3	7	6	7	—
April	—	7	—	9	—	5	4	5	—
May	2	3	3	5	1	10	1	6	—
June	3	4	2	2	—	14	4	1	—
July	3	9	1	3	2	7	—	6	—
August	8	9	—	2	1	10	1	—	—
September	1	2	1	6	—	11	7	2	—
October	1	2	1	4	2	11	8	2	—
November	5	10	2	4	2	5	—	2	—
December	5	9	1	7	2	2	—	5	—
Year 1968	31	77	14	47	17	92	38	50	—

Month.	6 p.m. OBSERVATIONS.—DIRECTION.								
	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm
January	4	2	—	2	3	7	1	12	—
February	1	12	4	4	3	2	3	4	—
March	3	1	1	—	1	11	8	6	—
April	1	5	1	7	4	5	5	2	—
May	4	2	2	3	1	13	4	2	—
June	1	2	—	4	2	13	5	3	—
July	2	7	1	4	—	10	5	2	—
August	7	8	—	3	—	9	1	3	—
September	2	1	—	3	4	9	9	2	—
October	—	1	4	2	3	10	9	2	—
November	7	9	1	5	3	3	1	1	—
December	7	9	1	3	2	3	1	5	—
Year 1968	38	59	15	40	26	95	52	41	—

TABLE XI—VISIBILITY

Summary of observations taken at 9 a.m. and 6 p.m.

MONTH	FOG						MIST OR HAZE				GOOD VISIBILITY											
	A		B & C		D & E		F		G		H		I		J		K		L		M	
	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.
January ..	—	—	—	—	1	—	2	1	4	3	2	4	12	10	7	10	3	3	—	—	—	—
February ..	—	—	—	—	1	—	2	—	8	2	6	6	6	9	8	7	2	1	—	1	—	1
March ..	—	—	—	—	—	—	—	—	2	—	5	2	8	7	14	12	3	5	—	3	—	2
April ..	—	—	—	—	—	1	—	—	4	—	2	4	12	4	11	8	3	3	2	1	—	9
May .	—	—	—	—	—	—	—	—	1	2	3	1	9	9	8	9	7	5	2	—	2	5
June ..	—	—	—	—	—	—	—	—	—	—	2	—	12	6	6	7	9	8	1	5	—	4
July ..	—	—	—	—	—	—	—	—	1	1	1	1	6	2	13	9	8	12	1	2	2	4
August ..	—	—	—	—	—	—	—	—	1	1	3	1	13	10	10	8	4	5	—	3	1	3
September ..	—	—	—	—	—	—	1	—	3	2	3	3	6	1	6	5	10	5	2	5	2	9
October ..	—	—	—	—	—	—	—	2	1	2	2	1	6	8	9	10	8	4	2	2	—	2
November ..	—	—	—	—	—	—	—	—	6	2	4	6	11	11	9	4	3	6	1	—	—	—
December ..	—	—	—	—	1	—	—	—	7	9	9	7	7	5	8	5	1	3	—	—	1	2
Year 1968 ..	—	—	—	—	3	1	5	3	42	25	38	108	82	109	94	61	60	11	22	8	41	

KEY TO TABLE XII—VISIBILITY

Letter	Standard Distance	Actual Distance	Description of visibility	Object	View Point	Bearings
A	22 yards	21 yards	Dense Fog	Chestnut tree on opposite side of road	Office Door	S.E.
B	44 yards	45 yards	Thick Fog	Chestnut tree outside entrance to "Ryecroft"	Office Gate	E.
C	110 yards	110 yards	Thick Fog	N.W. corner of Town Hall	Office Gate	E.
D	220 yards	220 yards	Fog	Christ Church Tower	Office Window	S.
E	440 yards	430 yards	Moderate Fog	Holy Trinity Church Spire	Christ Church Tower	S.W.
F	1100 yards	1100 yards	Very Poor	Heene Church Tower	" "	W.
G	1½ miles	1¼ miles	Poor	Tarring Church Tower	" "	N.W.
H	2½ miles	2¾ miles	Moderate	Top of High Salvington Hill	" "	N.W.
I	4½ miles	4¼ miles	Moderate	Highdown Hill	" "	W.N.W.
J	6¼ miles	6⅝ miles	Good	Portslade Gas Works Chimney	" "	E.
K	12½ miles	12½ miles	Very Good	Hills beyond Brighton	" "	E.
L	18¾ miles	18¼ miles	Very Good	Selsey Bill	" "	W.S.W.
M	25 miles	27 miles	Excellent	Beachy Head	" "	E.S.E.

Part II.

PERSONAL HEALTH SERVICES

DELEGATED HEALTH AND WELFARE SERVICES

Under the Local Government Act, 1958, some of the Health and Welfare functions of County Councils can be delegated to certain District Councils. This has applied in Worthing since 1st April, 1961, when West Sussex County Council delegated to the Borough Council their duties in respect of the following:—

(a) National Health Service Act, 1946.

Section 21—Health Centres.

22—Care of Mothers and Young Children.

23—Midwifery.

24—Health Visiting.

25—Home Nursing.

26—Vaccination and Immunisation.

28—Prevention of Illness, Care and After-Care.

29—Domestic Help.

(b) Mental Health Act, 1959—

Care and After-care of persons suffering from mental disorder, except for those in residential accommodation.

(c) National Assistance Act, 1948—

Section 29—Welfare arrangements for blind, deaf, dumb and crippled persons, etc.

30—Voluntary Organisations for disabled persons' welfare.

(d) Disabled Persons (Employment) Act, 1958—

Section 3—Provision of sheltered employment by local authorities.

(e) Nurseries and Child-Minders Regulation Act, 1948.

Registration and supervision.

HEALTH CENTRES

Little progress during 1968 was made in the development of health centres in Worthing.

Following the Borough Council's decision in July, 1967, to go ahead with plans for building a health centre on the Civic Centre site (without the originally proposed office accommodation) a new scheme was drawn up. This was never officially considered, however, because those general practitioners who had originally indicated their willingness to participate had had to make other arrangements. The Civic Centre site health centre has therefore had to be deferred for the time being, though the scheme could be revived if circumstances should change.

In May all general practitioners in West Sussex received a letter from the Executive Council seeking their views regarding health centre provi-

sion. So far as Worthing was concerned, there was little response at the time. Later in the year there was some revival of interest, however, and a number of Worthing doctors indicated that they felt there would be a good case for building a health centre in the growing western part of the town. The Borough Planning Officer was therefore asked to make enquiries in conjunction with the Borough Valuer regarding suitable sites.

CARE OF MOTHERS AND YOUNG CHILDREN

Notification of Births:

Under section 203 of the Public Health Act, 1936, all births have to be notified within 36 hours to the Medical Officer of Health of the Welfare Authority in whose area the birth takes place. If a delegation scheme is in operation, Section I(1) of the Public Health (Notification of Births) Act, 1965, requires that notifications of births should be sent to the Medical Officer of the delegatee authority instead of the County Medical Officer. Births are usually notified by the attending midwife. Notification is in addition to registration, normally the duty of the father, and for which 42 days are allowed. A Welfare Authority is thus able to keep up-to-date records of all new births and provide a home visiting service to the mothers.

In 1968 there were 889 notified live births to mothers whose homes were in Worthing, though only 387 of these were actually delivered in the town. 889 is also the same as the total number of registered live births during the year. Notified and registered births in any one year usually vary a little because of the difference in time allowed for their recording, and it is many years since they were in such excellent agreement.

Child Health Centres:

There are six Child Health Centres in the Borough situated as follows:—

- (1) The Central Clinic, Stoke Abbott Road—Monday afternoons.
- (2) Church Hall, New Road, Durrington—First, second, third and fourth Thursday afternoons in each month.
- (3) St. Mary's Hall, Ilex Way, Goring—Second and fourth Thursday afternoons in each month.
- (4) St. Richard's Hall, Collingwood Road, Maybridge—First Thursday afternoon in each month.
- (5) All Saints' Hall, Cissbury Avenue, Findon Valley—Second Wednesday afternoon in each month.
- (6) St. Stephen's Hall, Angola Road, East Worthing—First and third Friday afternoons in each month.

1,566 infants and children made a total of 7,426 attendances at all centres during the year. The number of infants who first attended whilst they were under one year of age was 675, equivalent to 75.9 per cent. of the notified live births.

The table below gives further details of attendances at the 6 child health clinics during the year:—

Clinic	No. of clinics held	No. of children who attended centres	Total No. of attendances made	Average attendance per clinic
Central	50 (82)	477 (584)	2,612 (3,327)	52·2 (40·6)
Durrington ..	51 (52)	425 (403)	2,092 (2,493)	41·0 (48·0)
Goring	24 (24)	175 (151)	802 (840)	33·4 (35·0)
Maybridge ..	23 (24)	190 (173)	731 (832)	31·8 (34·7)
Findon Valley ..	12 (12)	88 (60)	298 (306)	24·8 (25·5)
East Worthing ..	24 (24)	211 (229)	891 (1,121)	37·1 (46·7)
Totals	184 (218)	1,566 (1,600)	7,426 (8,919)	40·4 (40·9)

(the figures in brackets refer to 1967)

Considerably fewer clinics were held at the Central Clinic in 1968—50 compared with 82 the previous year—with a corresponding drop in attendances (though the average attendance at each clinic increased from 40.6 to 52.2). This is the converse of the policy of encouraging general practitioners to hold their own “well baby” clinics for their own patients with their own health visitor in attendance.

Though some mothers are still taking their babies to their own doctor’s clinic and then to a local authority clinic, this is not encouraged. The success of the general practitioner/health visitor clinics is shown by the increasing attendances—4,952 compared with 2,944 the previous year. 882 of these were first time attendances of infants under one year of age, compared with 379 the year before. This means that virtually every new baby is seen and examined by its own doctor in the first year of life.

Toddler Clinics:

Clinic attendances usually become less frequent as a baby gets older and grows into a toddler. Not uncommonly all clinic contacts cease by the age of one, and the opportunity for a medical review may not occur until the first school medical examination four or more years later.

Toddler Clinics have helped to bridge this gap. Attendance is by invitation only, with not more than four per hour or eight per session, and invitations go to all mothers with children between the ages of 18 months and two years.

Toddler clinics are held as follows:—

- (1) The Central Clinic, Stoke Abbott Road—First and third Tuesday afternoons in each month.
- (2) Church Hall, New Road, Durrington—First Thursday afternoon in each month.
- (3) St. Mary’s Hall, Ilex Way, Goring—Second Thursday afternoon in each month.
- (4) St. Richard’s Hall, Collingwood Road, Maybridge—First Thursday afternoon in each month.

- (5) All Saints' Hall, Cissbury Avenue, Findon Valley—Second Wednesday afternoon in each month.
- (6) St. Stephen's Hall, Angola Road, East Worthing—First Friday afternoon in each month.

During the year 76 sessions were held and attendances totalled 154 (2.0 per session). There were 272 attendances in 1967.

In addition 400 toddlers were seen and examined during the year at clinics held by general practitioners, more than double the previous year when only 159 were seen.

Congenital Abnormalities:

For the past five years congenital abnormalities apparent at birth have been recorded on the birth notification forms. 11 babies (8 male and 3 female) were so notified in 1968 and between them were noted 13 malformations:—

Hypospadias	..	..	..	..	4
Talipes	..	..	..	..	2
Hydrocephalus	..	..	..	..	2
Cleft Lip/Cleft Palate	..	..	..	..	1
Spina Bifida	..	..	..	..	1
Anencephalus	..	..	..	..	1
Defect of Uro-Genital System	..	..	..	..	1
Defect of Heart and Great Vessels	..	..	..	..	1
					13

3 were stillbirths and the others were included in the risk register (see below).

They will be carefully followed up until such time as their defects have been rectified or adequate provision made for their future education and well being.

Risk Register:

From the 889 live births notified during the year 54 babies were considered to be "at risk" on 61 counts, i.e. 6.1% of all babies. Of these the names of 7 babies had been removed from the register by the end of 1968. The remaining 47 babies will continue under extra observation and supervision until it is definite that their progress and faculties are well within normal limits.

Care of Premature Babies:

All babies weighing less than 5½lbs. at birth are by definition premature, though not all need special care. Fifty-one premature live births were notified during the year. Fifty were born in hospital and one died within 24 hours of birth. There were in addition 9 premature stillbirths.

6.6 per cent. of all notified births were premature and the association of prematurity with stillbirths, neonatal mortality and mental or physical handicap is well known. Close supervision is therefore kept by the health visitors and clinic medical staff, particularly during the first 6 months of life.

Phenylketonuria:

This rare disease, the result of an inborn error of metabolism, causes severe mental retardation. Very early diagnosis followed by a diet from which phenylalanine has been excluded, can prevent the development of impaired intelligence in most cases. A simple urine test is all that is necessary and in Worthing the health visitors test the urine of all newly born babies.

Babies born in hospital will normally have their first phenylketonuria test before they are discharged home. Any discharged early, and all babies born at home are now being tested on the health visitor's first visit (about the 10th day), and again when 4 to 6 weeks old.

Two cases have now been diagnosed through routine testing by the health visitors. No new cases were discovered during 1968.

Ante-natal Clinics:

Sessions for expectant mothers continue to be held weekly in the Central Clinic. Midwives are now "attached" to groups of general practitioners and assist them with special ante-natal sessions for their own patients in their own surgeries.

Excluding sessions at G.P.'s surgeries attendances during 1968 were as follows:—

No. of clinics held	..	..	51	(50)
New patients seen	..	..	58	(35)
Total No. of attendances	..	..	336	(266)

(The figures in brackets refer to 1967)

In addition the midwives held 423 ante-natal clinics with general practitioners at which there was a total attendance of 2,872 patients.

In association with the ante-natal clinics the physiotherapist holds sessions for relaxation and postural exercises. The numbers attending are increasing:—

New Patients	..	..	50	(31)
Total Number of attendances	..	..	145	(91)

(The figures in brackets refer to 1967)

These sessions form an integral part of the mothercraft programme intended primarily for mothers expecting their first babies (see page 53).

Dental Clinics:

All the facilities of the school dental service (see page 97) are available for expectant and nursing mothers, and for pre-school children.

The Area Dental Officer writes:—

"It is to be regretted that the facilities of this Department still cannot be offered to all 3-year-olds by means of the 3-year-old birthday card, but when our staff is increased this policy can be started. Often the first visit

of a pre-school child or even an infant school child to a dental surgeon is when in pain. This can hardly be commended as the best method of introduction if one wishes to build up confidence and gain the child's co-operation. If all parents would only realise that the best time to take a child is early on before any trouble arises, then advice on dental health could be given and later troubles prevented. To this end one of the sessions in the ante-natal mothercraft class is devoted to the care of the teeth, and one hopes in the next generation that this advice will bear fruit."

The statistics for the treatment of expectant and nursing mothers and pre-school children are as follows:—

- (a) Total sessions (examination/treatment) 53 (78)
- (b) Pre-school children examined—no treatment required .. 173 (158)
- (c) Expectant and nursing mothers—a further 2 new cases (6)
- (d) Attendances for treatment:—

	Expectant and Nursing Mothers	Pre-school Children
Extractions	— (1)	18 (9)
Fillings	23 (40)	298 (379)
Radiographs	— (—)	4 (3)
Local Anaesthetics	11 (12)	— (2)
Teeth made self-cleansing and Silver Nitrate/Eugenol applied	— (—)	5 (9)
Dressings	— (2)	14 (18)
Dentures	2 (8)	— (—)

(The figures in brackets refer to 1967)

Other Clinic Facilities:

The special clinics for school children are also available for children not yet old enough for school. They are discussed more fully in the School Health Service section of this report. The figures which follow relate only to pre-school children:—

(a) *Orthopaedic Clinic:*

- New patients seen 10 (21)
- Old patients seen 6 (7)
- Total number seen (new and old) .. 16 (28)
- Total number of attendances 23 (42)

(N.B.: In July the Orthopaedic Clinic ceased to function as a local authority clinic (see page 93).

(b) *Physiotherapy Clinic* :

New patients treated	20	(25)
Old patients treated	5	(5)
Total number treated (new and old) ..	25	(30)
Total number of attendances	58	(45)

(c) *Eye Clinic* :

Total number seen (new and old) ..	85	(53)
Total number of attendances	144	(100)

(d) *Orthoptic Clinic* :

Total number seen (new and old) ..	42	(37)
Total number of attendances	105	(138)

(e) *Speech Therapy Clinic* :

Total number seen (new and old) ..	37	(6)
Total number of attendances	42	(34)

(f) *Child Guidance Clinic* :

Number of patients seen	10	(12)
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(The figures in brackets refer to 1967)

The Child Guidance Clinic is in Southey Road. All the others are held in the main Central Clinic premises in Stoke Abbott Road.

Sale of foods and medicaments at health clinics:

The Welfare foods are National Dried Milk, Orange Juice, Cod-liver oil and Vitamin supplements. The sale of these foods is undertaken by the ladies of the W.R.V.S. who are also responsible for keeping the accounts and making returns to the West Sussex County Council.

The sale of proprietary foods is now almost limited to certain powdered milks. A few simple medicaments (e.g. iron tablets) are also available on prescription at the clinics.

Care of the Unmarried Mother and her Child:

There were 99 illegitimate children born to Worthing mothers in 1968. Three of these were stillbirths. 10.9% of all live births in Worthing were illegitimate in 1968—1 in 9. It was 10.6% the previous year.

The West Sussex County Council makes grants towards the funds of two Societies responsible for the case work, namely the Chichester Diocesan Moral Welfare Association and the Southwark Catholic Rescue Society. These two Societies obtain vacancies in hostels (mother and baby homes) for expectant mothers. Financial responsibility was accepted in 10 cases during 1968.

I am indebted to Sister I. S. Cameron, the Association's welfare worker in Worthing, for the following statistics on the work of the Association in Worthing during 1968:—

Analysis of the 60 new cases helped in 1968

(The figures in brackets refer to 1967)

<i>Marital Status</i>				<i>Source of Referral</i>			
Single	...	...	52 (45)	Medical Social Worker	...	33	
Married	...	...	8 (8)	Health Visitors or Clinics	...	4	
<i>Domicile</i>				Social Security Officer	...	1	
Home in Area	...	...	57 (50)	Moral Welfare Workers	...	3	
Home outside Area	...	...	3 (3)	Doctors	...	9	
<i>Education</i>				Personal applications	...	6	
Secondary Modern	...	...	42	Friends	...	2	
Grammar	...	...	9	Police	...	1	
Private	...	...	2	Vicar	...	1	
Public	...	...	1	<i>Nationality</i>			
Not recorded	...	...	6	British	...	58	
<i>Age</i>				Irish	...	1	
15 years	...	...	3	Mauritian	...	1	
16 years	...	...	3	<i>Employment</i>			
17 years	...	...	4	Clerical	...	13	
18 years	...	...	8	Factory	...	10	
19 years	...	...	10	Shop	...	14	
20 years	...	...	7	Housewife	...	5	
21 years	...	...	6	Nurse	...	2	
22 years	...	...	2	Schoolgirl	...	3	
23 years	...	...	3	Catering	...	1	
24 years	...	...	4	Army	...	1	
25 years	...	...	3	Cashier	...	1	
29 years	...	...	1	Telephonist	...	1	
30 years	...	...	2	Hairdressing	...	1	
31 years	...	...	1	Teacher	...	1	
44 years	...	...	1	Laundryhand	...	1	
Not recorded	...	...	2	Not recorded	...	6	
<i>Religion</i>							
Church of England	...	...	46				
Roman Catholic	...	...	8				
Non-conformist	...	...	1				
Other	...	...	1				
Not recorded	...	...	4				

Children's Co-ordinating Committee:

This Committee continued to meet during the year under the chairmanship of your Medical Officer of Health. The area covered includes Shoreham, Southwick and parts of Worthing and Chanctonbury Rural districts in addition to Worthing Borough.

The full Committee met on eight occasions. There was a marked decrease in the number of new referrals—9 families as against 31 the previous year. The other 19 families reviewed had been referred previously, 4 as far back as 1965. The records of the Committee's deliberations suggest that most of the families giving frequent cause for concern are already well-known and will need support over many years.

I am grateful to Miss M. C. Mason (Area Children's Officer) for the following extract from her report on the work of the Committee:—

"I do not think that the Committee has to any significant degree achieved a reduction in multiple visiting of a family, which is one of the aims of co-ordination. Families with children 'at risk' often have a multiplicity of problems in the areas of health, schooling, housing, finance, marital disharmony and delinquency, to mention only a few. As the social and health services are at present constituted, each worker makes contact with the family to try to alleviate the difficulty which is their particular concern. This method certainly seems wasteful of scarce, skilled personnel and the family we are trying to help may become bewildered and not co-operate in a constructive way with anyone. To reduce multiple visiting would entail nominating one worker who would assume responsibility for supporting a family and call upon the help of other agencies only where it seemed necessary. This worker would liaise fully with the other agencies, however, and report back to them. Detailed discussion along these lines would help to prepare the ground for the implementation of the reorganisation envisaged in, for example, the Seebohm Committee's proposals."

Family Planning:

On 3rd October the Sussex branch of the Family Planning Association started a Youth Advisory Clinic in Worthing. This clinic gives practical help and advice on contraception to the unmarried, and is held in the Central Clinic every Thursday morning. Also at the Central Clinic are the ordinary family planning sessions every Monday and Wednesday evening.

An I.U.D. (intra-uterine device) clinic is held at Worthing Hospital on the 1st, 2nd and 5th Monday evening of each month.

I am obliged to the Clinic Secretary for supplying the following statistics:—

Number of sessions in Central Clinic	..	..	108	(97)
Number of I.U.D. sessions in Worthing Hospital	..		36	(39)
Number of new patients seen (excluding transfers)			635	(485)
Number of transfer patients seen	..	..	140	(168)
Total No. of patients seen (old, new and transfers)			1,456	
Total attendances (including visits for supplies only)			3,957	(3,258)
(The figures in brackets refer to 1967)				

The methods of contraception chosen by new patients were:—

Oral (the Pill)	..	..	..	..	324
Diaphragm	..	..	..	..	204
I.U.D.	..	..	..	..	84
Other	..	..	..	..	23
					635

221 of the 635 new patients (34.8%) were referred by their own doctors. In 1967 it was 39.0%.

The above figures include 41 patients who attended the Youth Advisory sessions. 31 of the 41 were sent by their own doctors.

Of the 108 ordinary sessions held in the Central Clinic, some were staffed by 2 and some by 3 doctors. The total number of "doctor sessions" in 1968 was 257.

In accordance with the National Health Service (Family Planning) Act, 1967, the Borough Council has continued to provide (through the F.P.A.) free contraceptive advice and supplies for specified categories of patients in which pregnancy would be detrimental to health. These are:—

- 1. (a) Within 12 months of last confinement;
(b) After birth of fifth child;
- 2. Where a medical or gynaecological condition existed which would make a further pregnancy dangerous;
- 3. Where there was a risk that a further pregnancy would impair health for mental, physical or social reasons.

An annual contribution of £3 10s. per patient (raised to £3 17s. 6d. on the 1st July, 1968) was paid to the Sussex branch of the F.P.A. in respect of 200 patients in 1968—a total of £704 17s. 6d. In 1967 the number of exempted patients totalled 157 and the sum reimbursed was £549 10s.

The largest number of exemptions were in category 1(a). Only 10 (5%) were in category 3.

MIDWIFERY

The number and percentage of home confinements continues to decline. The table below clearly shows this:—

Year	Notified live and stillbirths		
	Total No. of confinements	No. born at home	% born at home
1964	936	205	21·9
1965	970	164	16·9
1966	923	129	13·8
1967	943	57	5·8
1968	904	20	2·2

The confinements took place as follows:—

Southlands Hospital	267 (including 11 stillbirths)
Worthing Hospital	387 (including 2 stillbirths)
Zachary Merton Maternity Hospital	223 (including 2 stillbirths)
Other hospitals	5
Patient's own home or private address	20
Private Nursing Homes	2
Total ..	904 (including 15 stillbirths)

Worthing Hospital Maternity Unit became a General Practitioner Unit on the 1st November, 1966. Comparing its second full year of operation as a G.P. Unit (1968) with its first full year (1967) there has been a substantial increase in its use. A corresponding (but smaller) decrease in use

can be shown for Southlands and Zachary Merton Hospitals so far as Worthing mothers are concerned:—

	1967	1968
Confinements in Worthing (all patients)	320	440 (+33.3%)
Confinements in Worthing (Worthing mothers only) ..	290	387 (+33.4%)
Confinements in Southlands (Worthing mothers only) ..	320	267 (—16.6%)
Confinements in Zachary Merton (Worthing mothers only)	267	223 (—16.5%)

Only 20 babies were born at home in 1968. The Local Authority domiciliary midwives were also responsible however for “short-stay” confinements in Worthing Hospital Maternity Unit. These mothers were in general having normal second or third babies and were discharged home after 48 hours. Excluding ante-natal clinics (page 42) and mothercraft classes (page 53) the work of the domiciliary midwives is summarised in the following statistics:—

Domiciliary confinements	20	(57)
Short-stay confinements in Worthing Hospital		
Maternity Unit	148	(125)
Ante-natal home visits	1,859	(1,272)
Post-natal nursing visits	2,529	(5,046)
(The figures in brackets refer to 1967)		

HEALTH VISITING

Statistics for the year are shown in the table that follows. The figures in brackets refer to 1967:—

Type of case	Number of cases visited	Total number of visits
Children born in 1968 (1967)	994 (939)	3,417 (2,978)
Children born in 1967 (1966)	1,215 (1,085)	} 3,088 (5,191)
Children born in 1963–1966 (1962–1965)	1,958 (1,523)	
Children under the age of 5 years	4,167 (3,547)	6,505 (8,169)
Persons aged 65 or over:		
(a) Total	1,925 (1,622)	} 7,748 (4,995)
(b) at request of G.P. or hospital ..	1,481 (1,153)	
Mentally disordered persons:		
(a) Total	52 (43)	}
(b) at request of G.P. or hospital ..	47 (37)	
Persons discharged from hospital (other than maternity or mental cases):		
(a) Total	433 (375)	} 3,630 (3,260)
(b) at request of G.P. or hospital ..	303 (261)	
Tuberculous households visited	13 (25)	}
Households visited on account of other infectious diseases	42 (51)	
Other cases	934 690	

(The figures in brackets refer to 1967)

Total visits made by health visitors during the year numbered 24,388 compared with 24,593 in 1967.

HOME NURSING

Details are given below of the numbers of patients treated and the visits paid during 1968. (The figures in brackets refer to 1967):—

Total number of patients attended	..	..	1,893	(1,924)
Number under 5 years	..	..	22	(35)
Number aged 65 or over	..	..	1,191	(1,299)
Total number of visits paid (home nurses)	..	..	59,359	(61,902)
Total number of visits paid (nursing auxiliaries)	..	..	22,424	(13,825)

VACCINATION AND IMMUNISATION

Since 1st January, 1968, the County Council's computerised scheme has been used for recording vaccinations and immunisations in the Borough and the following statistical tables have been supplied by the County Health Department:—

Diphtheria, Whooping Cough and Tetanus:

Type of injection	Numbers completing primary course of injections			Numbers having reinforcing injections			Grand Total
	At L.A. clinics or schools	At G.P.'s surgery	Total	At L.A. clinics or schools	At G.P.'s surgery	Total	
Diphtheria ..	—	—	—	39	—	39	39
Tetanus ..	14	3	17	12	6	18	35
Diphtheria/Tetanus ..	20	16	36	759	922	1,681	1,717
Diphtheria/Tetanus/Whooping Cough ..	187	636	823	247	656	903	1,726
Totals	221 (243)	655 (584)	876 (827)	1,057 (858)	1,584 (726)	2,641 (1,584)	3,517 (2,411)

80% of the children born in 1967 were vaccinated against Diphtheria and Whooping Cough by 31st December, 1968.

Smallpox:

Age group	Number of primary vaccinations			Number of re-vaccinations		
	1966	1967	1968	1966	1967	1968
Under 1 year ..	21	9	15	—	—	—
1 year	538	437	729	—	—	1
2-4 years ..	151	84	236	1	7	13
5-15 years ..	36	7	45	19	32	236
Totals	746	537	1,025	20	39	250

Of the 1,025 primary vaccinations carried out during the year, 249 were performed at the clinics and 776 by general practitioners in their own surgeries or in patients' homes. The corresponding figures for the 250 re-vaccinations were 58 in the clinics and 192 by G.P.s. 80% of children under two years were vaccinated in 1968. (This is expressed as a percentage of 1967 live births).

Poliomyelitis:

Age group	Number completing primary course during 1968			Number who received a reinforcing dose during 1968			Grand Total
	At L.A. clinics or schools	At G.P.'s surgery	Total	At L.A. clinics or schools	At G.P.'s surgery	Total	
Children born in 1967 and 1968	177	612	789	68	277	345	1,134
Children (and others) born in 1966 or earlier	47	70	117	662	1,073	1,735	1,852
Totals	224 (228)	682 (575)	906 (803)	730 (568)	1,350 (635)	2,080 (1,203)	2,986 (2,006)

(The figures in brackets refer to 1967)

79% of the children born in 1967 were vaccinated against poliomyelitis by 31st December, 1968.

Measles:

In February, 1968, the Minister of Health accepted in principle a recommendation by the Joint Committee on Vaccination and Immunisation that vaccination against measles should be offered to all children who had not been protected by previous immunisation or by an attack of the natural disease. The recommended dose was one injection of live attenuated measles virus vaccine given routinely in the second year of life, or to susceptible children up to school-leaving age.

Supplies of vaccine were at first in short supply, but a start was made in July for susceptible children aged four, five and six.

2,719 invitations were sent to the parents of these children, and 1,917 replies (70.5%) were received. Of these, 741 (38.7%) required vaccination and almost all of these were dealt with by the end of July.

At the end of August, vaccinations were extended to younger children aged 15 months or more, and in November to the remaining susceptible school children under the age of 16.

The great majority of these older children had already had measles, but requests for immunisation from parents of non-immune children totalled 527. Of these, 353 asked for the immunisation to be given by the school doctor, and 174 by their own doctor. The latter were passed to the doctors concerned and the former offered appointments at a special session in the Central Clinic on the 31st December.

The 1968 measles programme was thus completed on schedule and virtually all eligible children had been offered immunisation by the end of the year either at the clinic or by their own doctors.

The following table shows the number of vaccinations actually carried out during the year:—

Age group	At L.A. Clinics or Schools	At G.P.s' Surgery	Totals
Children born 1968	—	2	2
Children born 1967	19	143	162
Children born 1966	43	257	300
Children born 1965	37	230	267
Children born 1961–64	357	532	889
Others under 16	219	25	244
Totals	675	1,189	1,864

Influenza:

Members of the Corporation staff were again offered protection against this disease, and during October/November 636 were given the single immunising injection.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis:

(a) Liaison with hospital and voluntary services:

With the re-organisation following health visitor attachment to general practitioners, visiting of tuberculous households is now carried out by each and every health visitor depending on which doctor's list the patient is on. She makes a report on the environmental circumstances of every new case and prepares a list of contacts for the consultant. He then makes arrangements where necessary for the appropriate tests, vaccinations and X-rays. During the year 13 tuberculous households were visited.

(b) Mass Radiography:

For the ninth year running a mobile unit of the Portsmouth Mass Radiography Unit has visited Worthing weekly. It is stationed in the car park opposite the Health Department every Wednesday between 9.15 and 10.15 a.m. Intended primarily for persons referred by general practitioners, the Unit has been particularly useful in carrying out X-ray examinations of candidates for certain official appointments and applicants for entry to Teacher Training Colleges.

The number of persons X-rayed in Worthing by the Mass Radiography Unit in 1968 was as follows:—

	Males	Females	Total
General Practitioner Service (51 weekly visits)	937	1,041	1,978
General Public and Factory Visits ..	3,106	2,953	6,059
TOTAL ..	4,044	3,994	8,037

The 1,978 persons X-rayed at the G.P. Service visits compares with 2,004 in 1967. The results of the visits are tabled below:—

Disease	Male	Female	Total	Rate per 1,000
Newly discovered cases of pulmonary tuberculosis requiring treatment or close supervision	— (2)	1 (1)	1 (3)	0.01 (0.04)
Cases of tuberculosis requiring occasional out-patient supervision only	12 (13)	15 (9)	27 (22)	0.32 (0.27)
Primary cancer of the lung	14 (18)	4 (4)	18 (22)	0.22 (0.27)
Other forms of cancer	1 (2)	— (1)	1 (3)	0.01 (0.04)

(The figures in brackets refer to 1967)

(c) *B.C.G. Vaccination:*

This scheme, begun in November, 1961, includes all the 13-year-old children attending both local authority and independent schools in the Borough. Each child whose parent has consented to the scheme, is given a Heaf test, followed by a B.C.G. vaccination if they are negative, or an X-ray at the Mass Radiography Unit if they are positive.

Here are the details of the work done in 1968, with those of 1967 in brackets for comparison:—

Number of children given Heaf test	847	(794)
Number found to be tuberculin negative ..	751	(706)
Number found to be tuberculin positive ..	96	(88)
Number vaccinated	729	(665)

All those found positive were X-rayed but no lung abnormalities were found.

Geriatric Services:

I am indebted to Dr. R. B. Franks, Consultant Geriatrician to the Worthing Group Hospitals for the following extract from his report on the Worthing Hospital Group Geriatric Service:—

“The pressure on the Geriatric Service is now enormous and the hardship suffered by patients and their relatives is very great indeed. In the domiciliary field the burden placed on the General Practitioners and their Health Visitors, and on the District Nurses and Home Helps, is correspondingly increased. The same is true of all the other ancillary services organised by the County and Borough Councils and by the many voluntary associations.

The simplest explanation of this situation is that since 1962 there has been in the Group Area an increase of population of 16,580, the vast bulk of these being elderly, but hitherto no provision of extra geriatric beds to deal with this increase. It must be accepted that the situation will get worse before its gets better.

I mentioned in my last annual report that the Regional Hospital Board had started planning to develop on the Worthing Hospital site. During 1968, to our great joy, the Board was able to announce that it now had under way a much more ambitious development plan. The first phase of this now includes 280 beds and a 60-place Day Hospital for geriatric and other patients. Around one-half of the beds will be for geriatric patients. This Phase I building programme should be completed by 1973 and will make a major contribution towards the medical care of the community, both young and old.

Speed the day of completion ! ”

Health Education:

A large number of talks to schools and to various organisations in the town were given by the Health Education Organiser during the year. Many were illustrated by films or slides:—

Talks given in schools	177	(11,754)
Talks given to various organisations ..	76	(2,230)

TOTAL ..	253	(13,984)
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The figures in brackets are the numbers in the audiences. 20 of the talks were illustrated by films and 19 by slides

During the year the mothercraft classes for expectant mothers, which for many years had been held in the Central Clinic, were transferred to the Maternity Unit at Worthing Hospital. This was done with the full co-operation of the hospital staff and enabled the mothers to become familiar with the new surroundings where most of them would be having their babies.

The mothercraft programme covered in 9 weekly sessions the following topics:—

1. Posture (physiotherapist);
2. Minor problems of pregnancy (midwife);
3. Simple general exercises (physiotherapist);
4. Care of the teeth (dentist and dental hygienist);
5. Relaxation (physiotherapist);
6. Diet, pram, cot, layette (health visitor);
7. Correct support during and after pregnancy (physiotherapist);
8. The new baby (health visitor);
9. Infant feeding (health visitor).

The number of classes held were as follows:—

			No. of sessions	No. of attendances
Physiotherapist	..	..	22 (11)	145 (57)
Health Visitors	..	..	19 (6)	97 (17)
Dental Surgeon	..	..	2 (3)	12 (15)
Dental hygienist	..	..	3 (—)	18 (—)
Midwives	..	..	5 (3)	35 (8)

(The figures in brackets refer to 1967)

The film “To Janet—a Son” was regularly shown at one of the sessions in each series. The same film was also shown twice during the year by special invitation to expectant mothers (and fathers) at the Central Clinic.

The work of the Medical Social Worker:

Since 1963 Miss O. M. Cater has been the department’s medical social worker. She resigned to get married at the end of July, 1968, and her post was filled by Miss E. Y. Jones, who is responsible for the following section of this report:—

The number of patients referred to the Medical Social Worker during 1968 showed a slight decrease, 326 compared with 355 the previous year. Of these, 267 were entirely new referrals and 59 were cases re-opened or continued from the previous year.

The sources of referral were as follows:—

General Practitioners	..	..	..	57 (101)
General Practitioners/Health Visitors	..	..	..	123 (49)
Consultants and M.O.H.	..	..	..	8 (28)
Medical Social Workers	..	..	..	51 (58)
Borough Nursing Staff	..	..	..	19 (45)
Statutory Agencies	..	..	..	14 (17)
Voluntary Agencies	..	..	..	21 (—)
Personal Application	..	..	..	20 (28)
Miscellaneous	..	..	..	13 (29)
TOTAL				326 (355)

The trend towards increased referrals from Health Visitors attached to general practitioners practices has continued. However, direct contact

between the Medical Social Worker and general practitioners can in some cases be of great value, particularly where the medical and social needs of a patient overlap closely, and this contact has been maintained in a reduced number of cases.

Each patient referred to the Medical Social Worker reacts to their problem in their own particular way and individual help is therefore essential. However, it is possible to group problems under three main categories (some patients are referred for a combination of reasons):

1. Social and Personal Problems									
(a) Follow up after discharge from hospital	..	..	..	..	..	..	13	(58)	
(b) Advice, support and practical help	..	..	..	..	..	..	129	(101)	
(c) Social assessment	..	..	..	..	..	..	6	(—)	
(d) Rehabilitation and employment	..	..	..	..	..	..	1	(3)	
2. Residential and Accommodation									
(a) Temporary	..	..	..	..	..	..	16	(32)	
(b) Permanent	..	..	..	..	..	..	57	(76)	
(c) Terminal	..	..	..	..	..	..	31	(37)	
(d) Housing	..	..	..	..	..	..	5	(—)	
3. Recuperative Holidays and Convalescence	..	..	..	..	..	..	75	(55)	

(The figures in brackets refer to 1967)

The number of recuperative holidays and periods of convalescence has increased during 1968 and of the total set aside for this purpose £832 19s. 3d. was used. Of the holidays arranged 37 were subsidised through the Borough Scheme and some charitable help was obtained to subsidise 25 private holidays, thus saving the Borough Fund for those people who could not be helped from any other source. Holidays were arranged not only as a means of speeding up recovery following illness, but also to alleviate strain for hard-pressed relatives caring for invalids.

A large number of patients were referred for help in planning their future, and in the majority of cases this was of a permanent nature. The people helped in this way covered a cross-section of the community. Advice was given to those who sought care in private residential accommodation as well as those who required admission to welfare or voluntary homes, such as those run by the Council of Social Service or Abbeyfield Society. The problem of adjusting to a change of environment and relinquishing a much-loved home increases with age and is always a difficult one; in all cases the Medical Social Worker needs to give a considerable amount of casework help and support as well as practical advice. In every case she endeavours to help the individual reach a decision for themselves about their future.

Where patients remain in their own homes the Medical Social Worker's aim is to co-operate with both statutory and voluntary workers to give as much support and help as possible. The increased number of friendship and luncheon clubs, as well as other schemes for preventing isolation and reducing loneliness, provide an invaluable means of support to many elderly and inadequate persons.

Some patients, because of personality difficulties and the complicated nature of their problems, require casework help and advice frequently and regularly over a long period. For this reason a new category of patient requiring intensive casework help has been included for the first time.

A considerable number of patients, totalling 75, was suffering from various forms of cancer, some of them needing supportive help on a fairly

long-term basis. The difficulties of obtaining beds in hospital for terminally ill patients has continued and 22 patients were referred for terminal care. Some were financed by the National Society for Cancer Relief and/or the Marie Curie Memorial Foundation in private nursing homes. The total amount given by the National Society for Cancer Relief to help patients during the year was £1,241 3s. 0d. Some of this was given to the patients, anonymously in most cases, to help meet the cost of extra nourishment, excessive laundry, etc., and the rest to meet nursing home fees. The Marie Curie Foundation helped in a similar way and gave £475 18s. 5d.

Other charitable help, totalling £778 1s. 0d., was obtained during the year from a variety of sources, e.g., Professional Classes Aid Council, Friends of the Poor and Gentlefolk's Help, Guild of Aid for Gentlepeople, as well as trade and professional benevolent organisations for many different reasons. In some cases of acute and chronic illness, e.g., stroke/heart cases, where a hospital bed was not available immediately and the patient was too ill to remain at home without help, financial help from these sources was used to support them in private rest and nursing homes. In addition, small regular allowances were made, for example, to supplement those on a fixed income, many of whom have been used to a higher standard of living previously, in order to try and alleviate their reduced circumstances.

Chiropody:

The following table summarises the work done during the past five years:—

Year	No. of clinic sessions	No. of new patients	Total No. of patients who received treatment	Total No. of treatments (old and new patients)	No. of free treatments	% of free treatments
1964	340†	272	*	1,965	655	34
1965	435	369	692	2,418	834	34
1966	476	339	939	3,655	1,185	32
1967	644	350	1171	4,756	1,503	32
1968	905	275	1330	7,055	2,290	33

* not recorded † approximate figure

Mr. E. Jones, Senior Chiropodist, reports as follows:—

“1968 was a year of consolidation with a full-time staff of two chiropodists and one clinical assistant.

The optimum treatment return period of from six to nine weeks according to clinical need was achieved and maintained and this is reflected by the fact that although the total number of treatments rose by about 50%, the total number of patients receiving treatments rose by only about 15%.

In consequence, a considerable waiting list was built up throughout the year as new applications continued. Approval was given for one further chiropodist to be employed, but by the end of the year the additional post remained unfilled.

It is still only possible to offer treatment to patients of pensionable age and handicapped persons who are able to attend the Central Clinic, but with additional staff it is hoped that the time may come when certain patients who are no longer able to make the journey to the clinic may be offered some treatment at home.

From April 1st the fee charged for treatment was increased to 4s., although patients in receipt of Supplementary Allowance continued to be treated free of charge."

Cervical Cancer :

The Worthing and District Cervical Cytology Service continued to sponsor clinics at Worthing Hospital, but from 6th November, 1968, all records and appointments have been dealt with by the West Sussex County Council's computer.

During 1968 2,111 smears were taken and the results of the tests are given in the following table:—

	Women resident in the Borough	Women resident outside the Borough	Total
Negative cases ..	1,045 (1,172)	949 (1,075)	1,994 (2,247)
Positive cases ..	1 (2)	5 (5)	6 (7)
Negative, but to be re- tested in one year ..	15 (32)	33 (31)	48 (63)
Negative, but with infections:			
Trichomonas ..	28 (31)	27 (30)	55 (61)
Monilia	2 (27)	6 (17)	8 (44)
Totals	1,091 (1,264)	1,020 (1,158)	2,111 (2,422)

(The figures in brackets refer to 1967)

The patients to be re-tested in one year had either trichomonas or monilia infections, or there was some very slight abnormality which it was felt it would be wise to check.

The source of smears was as follows:—

Cervical Cytology Clinics	1,224 (1,476)
Family Planning Clinics	518 (700)
General Practitioners	369 (246)
TOTAL ..	2,111 (2,422)

HOME HELP SERVICE

In 1968 a modest start was made on providing laundry facilities for the home help service. A commercial washing machine and tumbler drier were installed in the kitchen of Dorset House adjacent to the organisers' offices, and by the end of the year these were beginning to prove great assets. Many patients receiving home help have a considerable amount of washing, especially if incontinent, and often there are no facilities other than a sink. Drying can present great problems for those living in bed-sitters. In these cases the task of providing clean dry sheets can be very difficult, and the laundry is a great help to all concerned.

The recruitment of home helps improved during the year, especially in the last quarter when the number employed was at times over 100. This figure includes about 10 neighbourly helps, paid not on an hourly basis, but a fixed amount for one or two specific cases. An encouraging feature is that many of the newer recruits are young and include girls who have recently left school. Every effort is made to build up an esprit de corps in the service, and this aspect was strengthened when the Mayor kindly presented a number of the more senior home helps with their long-service badges at a ceremony on the 23rd March in the Reception Room at the Town Hall.

Details of the help given in the past five years are shown below:—

Category	No. of persons helped				
	1964	1965	1966	1967	1968
Aged 65 years and over	833	1,034	1,062	1,052	1,153
Chronic sick and tuberculous	82	60	68	60	69
Mentally disordered ..	2	3	3	5	6
Maternity	37	43	29	16	18
Others	72	78	97	105	80
Aged under 65					
Totals	1,026	1,218	1,259	1,238	1,326

The actual number of hours of help given in 1968 was 83,987, and 772 households on average were receiving help from the home help service each week.

MENTAL HEALTH

The Work of the Mental Welfare Officers:

This can be summarised as follows:—

1. The statutory admission of mentally ill patients to hospital.
2. The supervision and visiting of the mentally subnormal in the community.
3. The supervision and management of the mentally ill in conjunction with the consultant psychiatrists and the family doctors.

The accurate measurement of the work of the mental welfare officers is difficult; to assess its quality by statistics is almost impossible. Quantitatively some idea of the work involved can be obtained by adding up the number of visits made, but this can only be a rough guide. For example, in dealing with a compulsory admission to hospital of a mentally ill patient, a mental welfare officer may make as many as five separate “visits” in addition to his initial visit of assessment and the conveying of the patient to hospital. Such visits might be to deal with the patient’s property, to the police station, to various social agencies, to the patient’s employer, etc. In many cases, of course, several of these items of service might be dealt with at the same time, but each has been included separately. During the year

an attempt has been made to list all visits and to analyse them in broad categories as follows:—

1. *Visits re mentally subnormal patients:*

Visits to training centres	168
Routine visits to patients' houses	344
Conveyance (short-term and permanent care) ..	186
Visits to various social and welfare agencies ..	184
Other miscellaneous visits	146
Total ..	1,028

2. *Visits re mentally ill patients:*

Initial investigations	982
Hospital and nursing home visits	1,008
After-care visits	876
Visits to various social and welfare agencies ..	572
Visits regarding property of patients	270
Visits to police	106
Visits regarding hospital admissions	185
Conveyance to out-patient clinics	80
Other miscellaneous visits	182
Total ..	4,261

3. *Other visits:*

Attendances at case conferences	214
Attendances at psychiatric social clubs, etc. ..	183
Attendances at meetings of voluntary associations	80
Attendances at lectures, hospital discussions, etc.	140
Total ..	617

The staffing position greatly improved during the year, for we were able to increase the number of mental welfare officers in post from two to three by the appointment of Miss J. P. Newman on the 1st August. This was reflected in the increased number of visits (particularly routine visits to patients' homes and after-care visits) in the latter half of the year.

Excluding annual holidays, bank holidays and weekends (all of which were, of course, covered for emergencies), the three mental welfare officers were on full-time duty for more than 600 working days in 1968. A quick calculation shows that on average about 11 visits (as separate items of service) were made each day—no mean achievement by any standard.

Mentally subnormal patients:

The numbers on the register increased by 10 in 1968. The table which follows shows their disposition at the end of the year:—

Form of Care	Males	Females	Total
Psychiatric hospitals	43 (41)	35 (32)	78 (73)
Mental nursing homes	— (—)	— (—)	— (—)
Residential homes	3 (4)	8 (8)	11 (12)
Boarded out in private homes	3 (3)	1 (1)	4 (4)
Boarded out under guardianship	2 (1)	5 (3)	7 (4)
Informal community care	60 (56)	76 (77)	136 (133)
Totals	111 (105)	125 (121)	236 (226)

(The figures in brackets refer to 1967)

New referrals of subnormal patients numbered 14, one fewer than in 1967. The sources of the referrals were:—

Source of Referral	Males	Females	Total
General practitioners	— (—)	— (—)	— (—)
Local education authority	3 (1)	— (1)	3 (2)
Relatives	1 (1)	— (2)	1 (3)
Other health authorities	3 (3)	6 (4)	9 (7)
Other sources	1 (1)	— (3)	1 (4)
Totals	8 (6)	6 (10)	14 (16)

(The figures in brackets refer to 1967)

Mentally ill patients:

There were 142 admissions to hospitals in 1968, five more than the previous year. 59 of these admissions were informal and the rest by various statutory procedures as required by the Mental Health Act, 1959. The details were as follows:—

Mental Health Act 1959	Males	Females	Total
Section 5—(Informal)	28 (27)	31 (29)	59 (56)
Section 25—(Observation—28 days)	15 (4)	27 (25)	42 (29)
Section 26—(Treatment)	2 (4)	5 (12)	7 (16)
Section 29—(Observation in emergency—3 days)	10 (16)	23 (20)	33 (36)
Section 60—(Court Order)	1 (—)	— (—)	1 (—)
Totals	56 (51)	86 (86)	142 (137)

SERVICES FOR HANDICAPPED PERSONS

The work continued to expand during 1968 and the number of persons on the register was 894 at the end of the year, an increase of 71 in 12 months.

The following tables analyse the various disabilities according to their age group and effect on working ability:—

Major handicaps	Age under 16 (1)	Age 16-29 (2)	Age 30-49 (3)	Age 50-64 (4)	Age 65 or over (5)	Total (6)
1. Amputation	—	1	1	5	29	36
2. Arthritis or rheumatism	—	—	8	32	368	408
3. Congenital malformations or deformities	3	6	6	5	—	20
4. Diseases of the digestive and genito-urinary systems, of the heart or circulatory system, of the respiratory system (other than tuberculosis) or of the skin	—	1	1	4	20	26
5. Injuries of the head, face, neck, thorax, abdomen, pelvis, or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	—	2	6	22	48	78
6. Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	2	4	31	74	172	283
7. Neuroses, psychoses, and other nervous and mental disorders not included in line 6	—	1	1	—	1	3
8. Tuberculosis (respiratory)	—	—	—	2	—	2
9. Tuberculosis (non-respiratory)	—	—	1	1	1	3
10. Diseases and injuries not specified above	—	—	4	5	26	35
Totals	5	15	59	150	665	894

(The figures in brackets refer to 1967)

Working ability					Total
Capable under ordinary conditions	In sheltered work-shops	At home only	Incapable or not available	Children under 16	
A	B	C	D	E	
31	13	20	825	5	894

It will be seen that by far the largest group are those deemed incapable or not available for work (825 out of 894). Most of these have in fact passed the age of retirement. Arthritis and rheumatism are the commonest disabilities.

Statistically the work of the Handicapped Services Officers can be summarised as follows, with that of the preceding year for comparison in brackets:—

Visits made	3,227	(3,053)
New patients added to register	138	(143)
Aids loaned to patients	485	(401)
Adaptations made to homes	39	(19)
Garage drives constructed	2	(1)
Holidays arranged	24	(31)

Aids and adaptations:

These include the provision of handrails, ramps for wheel-chairs, sliding doors, etc.

As in previous years gifts of equipment from individuals and financial assistance from various voluntary bodies have been made to the department, for which grateful acknowledgement is made.

Particularly generous help was given by the Worthing and West Worthing Rotary Clubs to provide special equipment costing over £500 for a 22-year-old man who was completely paralysed below the neck. This consisted of an electrically operated typewriter and tape-recorder designed to function by sucking and blowing through a mouthpiece. The basic equipment for these and other adapted devices (television, doorbell, telephone, etc.) is known as "Possum" (P.O.S.M.—patient operated selector mechanism) and was supplied by the Ministry of Health. This tragically handicapped young man has now by this means been given a small measure of the independence most of us take for granted.

Ministry of Health Chairs:

A considerable amount of work is done every year in connection with Ministry chairs. Following the doctor's request, advice is given regarding the most suitable type of chair for the patient and for use in his own home, e.g. door and passage widths, etc.

Holidays:

Handicapped persons are eligible for the holiday scheme in certain cases. Holidays are usually for 2 weeks only. In 1968 24 holidays were arranged and enabled relief from responsibility to be given to the relatives.

A group holiday is organised each year at a holiday camp on Hayling Island. Twelve handicapped persons from Worthing again attended and were transported to and from the camp by the British Red Cross Society. Special mention must be made of the wonderful service given by this society who provide all the transport for the handicapped to the Clubs (see below) as well as for all holidays arranged through the department.

Day Centres and Clubs:

- (a) *West Sussex Association for the Care of the Disabled.* Thirty-four persons now attend the centre in Field Place. Twenty-four attend for the full day, 10 for the afternoon only.
- (b) *British Red Cross Society Disabled Club.* This is now held twice monthly at the Congregational Hall, Shelley Road. There is a varied programme of lectures, film shows, musical afternoons, etc. The membership is 54. This club is run entirely by the Red Cross who provide the hall, the transport and the workers.
- (c) *Worthing, Littlehampton and District Spastics Society.* The Day Centre at Rectory Road opens daily, but only 10 patients are able to attend at one time. Industrial work and some craft work is carried out, and for this the patients receive 10s. pocket money per week.

Craft Classes:

In addition to the classes held fortnightly at Field Place, there is a weekly class at "Normanton," a County Council home for the elderly in Shelley Road. About one-quarter of the residents attend, and most of them are disabled as well as elderly.

Housing for the Disabled:

Ten specially adapted dwellings were completed during 1968, five flats in Sackville Road, two flats in Angola Road and three bungalows in Dawes Close. Two flats in Sackville Road were occupied at the beginning of 1968 and the five flats and three bungalows in October.

Car Badges for Disabled Drivers:

The administration of this scheme was taken over by the Borough from the County Council late in 1965. Car badges are issued to assist severely disabled drivers with parking and only the following drivers are eligible:-

- (a) Drivers of vehicles supplied by the Ministry of Health.
- (b) Drivers of vehicles specially adapted for persons with defects of locomotion.
- (c) Drivers with amputations which cause considerable difficulty in walking, or who suffer from a defect of the spine or the central nervous system which makes control of the lower limbs difficult.

With the exception of drivers of vehicles supplied by the Ministry, it is necessary for persons making application for car badges to produce a medical certificate certifying they suffer from a "permanent and substantial disability which causes severe difficulty in walking."

The badges confer no legal rights but are issued for the purpose of identification so that the police can assist the disabled in parking and exercise discretion in their favour whenever possible. Since the installation of parking meters holders of car badges are allowed to park in meter bays free of charge for an unlimited period.

At the beginning of the year the car badge register contained the names of 131 Worthing residents and at the end of the year this number had increased to 146. 117 were renewals and 29 were applications received and approved during the year.

SERVICES FOR THE DEAF

Welfare services are provided through the Sussex Diocesan Association for the Deaf and Dumb. They include:—

- (a) Regular visiting and advisory services through welfare officers who can communicate with the deaf.
- (b) Provision of interpreter services in courts of law, marriage ceremonies, etc., and help in placing in employment.
- (c) Provision of social centres and religious ministration.

Registration:

For employment purposes the deaf can be divided into those with or without speech. The following tables summarise the position at the end of the year as regards the 40 registered deaf adults. (Deaf and partially-hearing children are the responsibility of the School Health Service (see page 99).

Deaf with speech:

	16-64			65+			Grand Total
	Male	Female	Total	Male	Female	Total	
Employed	—	5	5	—	—	—	5
Unemployed or retired	2	1	3	1	5	6	9
Total	2	6	8	1	5	6	14

Deaf without speech:

	16-64			65+			Grand Total
	Male	Female	Total	Male	Female	Total	
Employed	6	8	14	2	—	2	16
Unemployed or retired	—	1	1	1	8	9	10
Total	6	9	15	3	8	11	26

These tables do not give a true indication of the numbers of deaf and partially hearing persons in Worthing. Surveys have shown in other parts of the country that about 1 person in 1,000 is profoundly deaf and 10 times this number seriously hard of hearing. This means that there are possibly 80 or more deaf and perhaps 1,000 partially hearing persons in the town.

SERVICES FOR THE BLIND AND PARTIALLY SIGHTED

Welfare services are operated through the Worthing Society for the Blind whose Honorary Secretary is one of three social welfare officers for the blind. The services include:—

- (a) Visiting, social work, teaching and helping the blind and partially sighted to live as full a life as possible.
- (b) Making arrangements for ophthalmic examinations, registration, handicraft instruction and sale of crafts, the issue of talking book machines, radios, special equipment and apparatus.
- (c) Arrangement of social and craft centres, outings and holidays.
- (d) Arranging and assisting in social rehabilitation, training, home employment under the Home Workers' Scheme and employment in sheltered workshops.

Registration:

At the end of the year there were 362 blind and 143 partially-sighted persons on the register. The great majority of these were elderly as is shown in the following tables:—

Blind:

	0-10	11-20	21-29	30-39	40-49	50-59	60-69	70-79	80-89	90+	Total
Male	1	2	1	3	5	11	16	38	40	12	129
Female	—	—	2	—	2	5	24	58	99	43	233
Total	1	2	3	3	7	16	40	96	139	55	362

There were 46 new registrations during the year (15 male and 31 female).

Partially sighted:

	0-20	21-49	50-64	65+	Total
Male	1	6	6	22	35
Female	1	2	10	95	108
Total	2	8	16	117	143

There were 48 new registrations during the year (12 male and 36 female).

NURSERIES, PLAYGROUPS AND CHILD MINDERS

Section 60 of the Health Services and Public Health Act, 1968, which amended the Nurseries and Child Minders Regulation Act, 1948, came into effect on 1st November. The scope of the 1948 Act was extended to include premises (other than those used wholly or mainly as private dwellings) in which children are received for a total of two hours or more in the day, and persons who, in their own homes and for reward, look after one or more children under the age of five to whom they are not related, for similar periods.

The maximum penalties for failure to register were increased and the maximum fine for a first offence was raised to £50.

A Local Health Authority is now enabled by order:—

1. To refuse registration because of the condition of the premises or equipment or for any reason connected with the situation, construction or size of the premises or with other persons in the premises;
2. To determine the maximum number of children to be received;
3. To make requirements concerning the number, qualifications and experience of the people who are to look after the children;
4. To ask for a declaration of health in respect of the applicant and other persons to be employed and of each person who has attained the age of 16 and who is normally resident at the premises; and
5. To require child minders as well as proprietors of nurseries to keep a register of children in attendance, together with details of each child such as name and address and home telephone number, date of birth, mother's place of employment and her telephone number and name, address and telephone number of the child's general medical practitioner.

The standards relating to nurseries and child minders were also amended in respect of staff-child ratio, accommodation, cloakroom, washing and sanitary facilities, provision of meals, safety precautions, etc.

During the year approval was given for the registration of four additional nurseries and one child minder and the position at the end of the year was as follows:—

	<i>Numbers registered</i>	<i>Number of children provided for</i>
(a) Premises	20 (19)	546 (502)
(b) Daily minders ..	7 (7)	70 (53)
(The figures in brackets refer to 1967)		

120 visits of inspection were made during the year.

Day Care of Pre-School Children:

By Circular 37/68 dated 18th October, 1968, the Ministry of Health reviewed the provision of day care facilities for children under five and asked Local Health Authorities to assess the unmet need for such day care facilities in their area, and to inform the Secretary of State of their short-term and long-term plans for meeting those needs.

Attention was drawn to the need for day care which may arise from a variety of circumstances in which help is needed by the child or family, such as:—

1. The unsupported mother living with her child who has to go out to work and who cannot make satisfactory arrangements for the child to be cared for;
2. Those who need temporary day care on account of the mother's illness;
3. Those whose mothers are unable to look after them adequately because they are incapable of giving young children the care they need;
4. Those for whom day care might prevent the breakdown of the mother or break-up of the family;
5. Those whose home conditions (e.g. because of gross overcrowding) constitute a hazard to their health and welfare; and
6. Those whose health and welfare are seriously affected by lack of opportunity for playing with others.

It has been the practice in Worthing for some years to place pre-school children who fall into any of the above categories in privately run day nurseries or with child minders, and in many cases the local authority has accepted financial responsibility for the fees. This has been justified on the grounds that it would ease the nervous strain on the mother and prevent a complete breakdown—possibly entailing her admission to hospital and taking the children into care. At the end of 1968 there were eight children receiving day care financed in this way.

PRIVATE NURSING HOMES

Under Section 187 of the Public Health Act, 1936, nursing homes have to be registered with the County Council. The powers of registration, inspection, etc. have not been delegated to the Borough Council though 30 of the 59 registered nursing homes in West Sussex are in Worthing.

On 1st January, 1969, the 30 homes provided a total of 579 beds and catered for medical, surgical, convalescent and maternity cases.

Two of the nursing homes in Worthing have been approved under Section 1(3) of the Abortion Act, 1967, and have two beds each for the termination of pregnancy only. There are no other nursing homes in West Sussex with approved beds for this purpose.

PRIVATE HOMES FOR THE ELDERLY OR DISABLED

These homes have to be registered with the County Council under Section 37 of the National Assistance Act, 1948. As with nursing homes the powers of registration and inspection, etc. have not been delegated to the Borough Council. On 1st January, 1969, there were 53 such homes in Worthing out of a total of 129 in the County as a whole.

Most of the 804 beds available are occupied by the aged and infirm who need looking after but no actual nursing care. Three homes cater for the blind only and provide a total of 115 beds. Two homes are registered for aged, infirm and disabled (22 beds).

DAY CENTRE FOR THE ELDERLY

This Centre, which was opened two years ago, continues to fulfil a need. A full-time hostess is present every day between 10 a.m. and 5 p.m. when the Centre is open to senior citizens, and with the help of a part-time canteen assistant she arranges for hot snacks, coffee, biscuits, etc., to be on sale at the canteen. There are no entrance fees payable and all can enjoy the recreational facilities in the building free of charge. The senior citizens also arrange their own activities, e.g. a "bring and buy" and general sales, concerts, visits to places of interest, etc., and details of these are displayed on the notice board from time to time.

The number of main meals provided during the year totalled 5,888.

NATIONAL ASSISTANCE ACT, 1948 AND NATIONAL ASSISTANCE (Amendment) ACT, 1951

Section 47. Removal to suitable premises of persons in need of care and attention.

Before obtaining a magistrate's order for the compulsory removal of a person from his own home, the Medical Officer of Health and the patient's own doctor must both be satisfied that this measure is absolutely necessary. They must both certify that the person concerned is either suffering from a grave chronic illness, or that he or she is aged, infirm or physically handicapped and living in insanitary conditions, and that proper care and attention is not being given.

It was necessary on three occasions to use these powers:—

1. The first case concerned an old lady aged over 80 who was removed to Southlands Hospital, Shoreham, on 3rd March in a collapsed state from exposure to cold.
2. Case two was an elderly alcoholic who had become physically frail and unable to manage at home. She also had cerebral damage and was incontinent. She was removed to Homefield Annexe, Worthing Hospital, on 18th November for three weeks when the order was extended for her to remain in hospital for three months.
3. Case three concerned an old lady of 81 years who had deteriorated mentally and physically. Her living conditions had become intolerable and filthy from the excreta of a dog and several cats which slept with her in the room and were confined to the house. She was removed to a Welfare Home at Budgenor, Easebourne, Midhurst, on 3rd December where she settled in quite happily.

Section 50. Burial of the Dead.

It is a sad reminder of the continuing impersonal nature of modern life that one of the oldest duties of a local authority—to make disposal arrangements where none would otherwise be made, still needs to be exercised. The main reason for this is the absence of an executor, friend or relative willing to make the arrangements, rather than lack of funds in an estate. The burials of 6 females and 2 males and the cremation of 1 female were carried out. The Council's expenses are recovered from any estate or death grant payable where at all possible and in only one instance was the total cost not recovered. Attempts are also made to trace any surviving relatives.

STAFF MEDICAL EXAMINATIONS

Medical examinations are undertaken by staff of the Department in connection with teaching appointments and admissions of student teachers to training colleges.

Blood samples are taken for Widal tests on all new employees working in the water department. The following table summarises the work done during the year:—

<i>Department</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Borough Water Engineer (Widal tests)	48 (72)	— (—)	48 (72)
Education (Teachers)	3 (1)	3 (2)	6 (3)
Entrants to Training Colleges ..	25 (18)	48 (40)	73 (58)
TOTAL ..	76 (91)	51 (42)	127 (133)

(The figures in brackets refer to 1967)

Five medical examinations were carried out at the request of other Local Authorities in 1968.

Prospective employees of the Borough Council no longer receive a medical examination routinely on appointment but instead complete a detailed statement outlining their past and present health, and this is scrutinised by one of the medical staff. In the event of any unsatisfactory medical history, an examination is carried out or further information is obtained (with the candidate's permission) from his or her own doctor.

The following is a summary of the work done during 1968:—

Health Statements Completed

<i>Department</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Town Clerk	2	3	5
Borough Engineer	11	2	13
Borough Architect	3	2	5
Medical Officer	—	11	11
Borough Treasurer	11	10	21
Borough Librarian	1	11	12
Borough Water Engineer ..	2	3	5
Director of Entertainment and Publicity	1	—	1
Borough Education Officer ..	3	4	7
Housing Manager	1	2	3
Justices Clerk's	2	2	4
Weights and Measures ..	—	—	—
Crematorium	—	—	—
TOTAL ..	37 (51)	50 (53)	87 (104)

(The figures in brackets refer to 1967)

Part III.

ENVIRONMENTAL HEALTH SERVICES

(Report of the Chief Public Health Inspector)

INTRODUCTION

Though the year was not outstanding in any particular event or achievement, steady progress was continued in all aspects of environmental control. National policy appears to seek the strengthening of existing powers towards improved housing, cleaner air, safer food and better working conditions rather than the introduction of any basically new control. Indeed, the local authority's legislative armoury over the environment would seem exhaustive, and yet occasions are still met when improvements could be suggested.

Although the department's work very largely consisted of the enforcement of some particular law which it is the Council's duty to enforce, recourse was seldom made to statutory means to achieve the desired standard. This reflects on the co-operation and goodwill which has been built up and achieved by the department over the years.

The public health inspectorate was depleted for most of the year when Mr. G. T. Parsons, one of the longest serving members, was appointed Senior Public Health Inspector at Reading. He was a valued colleague, well respected by the public and those with whom he came into regular contact, and he will not be easily replaced.

Details of the main headings of the work done follow, with comparative figures for 1967 in brackets.

Visits made by all inspectorial staff were 12,038 (12,619).

GENERAL INSPECTIONS

General inspections included the following:—

Houses	..	..	..	..	..	..	1,499	(2,248)
Factories	..	..	..	..	..	..	444	(396)
Food Premises	..	..	..	..	..	..	3,449	(2,601)
Drainage	..	..	..	..	..	..	828	(556)
Air Pollution Measurement	..	..	..	..	..	..	320	(891)
Smoke Observations	..	..	..	..	..	..	99	(142)
Offices and Shops Act	..	..	..	..	..	..	1,729	(1,780)
Pest Destruction	..	..	..	..	..	..	401	(350)
Noise Abatement Act	..	..	..	..	..	..	160	(134)
Various Premises	..	..	..	..	..	..	3,109	(1,806)

1,013 (1,204) notices were served and 860 (767) notices complied with.

(The figures in brackets refer to 1967)

HOUSING

The emphasis nationally is now on improvement to ensure that the country's valuable stock of housing—much of which is over 50 years old—does not deteriorate to the point of requiring clearance. As the main areas of unfit housing in Worthing have now been cleared, this trend continued locally. Where development of an area is not required to fit in with a general scheme, property values now show the desirability of raising older houses to conform with modern needs. Whilst owner occupation continues

apace there are still over 1,000 houses privately rented which are subject to rent restriction, and which no longer provide a fair return to an owner. Small wonder that should a house become vacant the thankful owner offers it for sale. Many owners interviewed by the Committee during the improvement area procedure appeared to be in more straitened circumstances than their tenants—many of whom would be willing to pay more rent.

Two further Improvement Areas were proceeded with by the Council in accordance with the provisions of the Housing Act, 1964. A few owners required loans to enable them to carry out the work and only four houses were the subject of purchase notices which were served on the Council. These houses were later radically improved by the Borough Architect's Department at no inconsiderable cost—resulting in the rents being more than doubled. The tenants, however, expressed complete satisfaction with the work which went further than could normally be required of an owner and cheerfully paid the increase. The remaining unimproved houses in the district are so widely distributed that further area improvement procedure seems unlikely. General housing repairs which were enforced were largely as a result of complaints from tenants or occupiers.

An opportunity was taken to revise the Council's general standards for facilities in houses in multiple occupation of which there are an estimated 1,500 in the borough. Most of these are small units with a few separate lettings and maintain a reasonable standard, but rents charged in some instances are out of all proportion to those of controlled unfurnished houses.

Housing Inspections

Houses in multiple occupation	165	(160)
Total number of dwelling-houses inspected (Public Health Act or Housing Act)	1,588	(2,079)
No of houses repaired after informal notice	138	(116)
Statutory Notices served:		
(a) Public Health Act, 1936 and 1961	4	(23)
(b) Housing Act, 1957	2	(2)
Defects remedied by:		
(a) Owner	11	(13)
(b) Corporation in default	—	(—)
Closing Orders made:		
Houses	2	(2)
Closing Orders determined:		
Houses and Underground rooms	2	(5)
Compulsory Improvements—areas:		
Areas declared	—	(2)
Immediate Improvement notices served	13	(—)
Suspended Improvement notices served	36	(—)
Undertaking accepted	8	(—)
Deferred (tenants purchasing or being improved)	13	(1)
Works completed	17	(15)
Compulsory Improvements—not in areas:		
Tenants' representations	5	(8)
Immediate Improvement Notices served	1	(2)
Undertaking accepted	3	(6)
Works completed	11	(20)

(The figures in brackets refer to 1967)

RENT CONTROL

A tenant's right of obtaining a disrepair certificate when his house is in need of repair is seldom exercised these days. Many tenants still suspect that this sort of action may result in eviction or at least rent increase. A number of complaints of harassment by owners were investigated. All of these concerned multiple occupied furnished houses. The Council's first prosecution under Section 30 of the Rent Act, 1965, was taken as a result of a complaint by a single man who was unlawfully evicted from his furnished room. His clothing and personal effects were placed outside the house in his absence and a new lock fitted to his room door. Justification for this drastic action was pleaded by the owner in the particular circumstances but she was fined £40 for the offence.

Continued deterioration of controlled rented houses was again noticeable because of the inadequate rent return to owners. It is encouraging to see that provisions may be made in the Housing Bill for progressive rent increases and decontrol of houses which are certified by the Council as having full modern amenities. It is to be hoped this measure will soon be operative and encourage owners to carry out regular and adequate maintenance to their houses.

CARAVANS

Though there are no licensed sites within the borough, the amount of staff time in dealing with the problem of unauthorised caravans usually deserves a comment in the annual report. 1968 was no exception and there were few occasions when the borough was free of itinerants. Undeveloped building land in Goring and Durrington was mainly affected, and though the policy of moving these people on to become a problem in some adjoining district could hardly be described as positive, there seemed no alternative. Local authorities have been encouraged for some years by the Minister to set up permanent sites for these travellers but most take the attitude of agreeing with the policy but "not in our district please." The Caravan Sites Act, 1968, includes Ministerial power to direct County Councils to act as the providing authority where a need is apparent in their district. No sites have yet been designated in the West Sussex area but it is understood that the matter is under active consideration.

CLEAN AIR

This is often considered to be one of the natural attributes of Worthing, probably because air pollution is still believed by many to be associated with industry. Even so, it is possible to see the effects of domestic coal burning during certain atmospheric conditions—particularly from bungalows. There is no doubt this pollution would be much more apparent if the town were not so exposed to prevailing wind. Incoming residents from areas where smoke control has been accepted for some years occasionally express surprise and displeasure at seeing so much smoke in a residential area, but the trend towards central heating installation has the additional benefit of reducing low level pollution. Garden bonfire smoke again was the cause of a number of complaints during the summer and several occupiers were warned not to cause nuisance in this manner.

One of the two daily atmospheric pollution recording meters was discontinued during the year leaving the remaining instrument at Worthing Lodge. The readings show little variation from previous years having regard to weather considerations.

Nuisance from odour could well be considered an air pollutant though its effects are subjective and not measurable by instrument. Increased production of antibiotics at Beecham's Research Laboratories resulted in the discharge of a greater volume of vapour released during the process and following sterilisation between batch manufacture of the mycelium. Numerous complaints were received mainly from the residential area near the factory. At a certain wind direction the smell could be detected over most parts of the town on occasions. Odour masking and oxidation of exhaust gases by ultra violet rays had been tried in the past and had not proved effective. Some improvement had been obtained by trunking the effluent gases to discharge beneath the water cooling towers, but it is obvious from the volume of the discharge that this method is no longer effective. Though there is no evidence that the gases are in any way prejudicial to health, there is no doubt at times they are a nuisance. Statutory action against the Company cannot be considered as it seems that the "best practicable means" are being taken to minimise the smell. The problem is complicated and will need specialised investigation. A system of gas washing has been recommended by chemical consultants engaged by the Company and it is hoped that the effects of these recommendations will be implemented during 1969.

Details of 18 new commercial or industrial fuel installations—13 gas and five oil—were examined for nuisance-free operation. Flue terminals in new installations were examined in conjunction with the Building Surveyor's department and any adjustments needed were agreed informally.

**Average Quarterly Daily Smoke and SO₂ Readings
at Worthing Sites—1968**

Site	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂
Health Dept.	61(80)	85(96)	14(25)	74(55)	9(11)	45(44)	88(58)	144(83)
Field Place	61(44)	74(87)	12(20)	67(44)	*Discontinued			

(The figures in brackets refer to 1967)
All figures are in micrograms per cu. metre.
* No figures are available for the period

**FOOD SUPERVISION
CHEMICAL SAMPLING**

Principal legislation:—Food and Drugs Act, 1955.

Regulations controlling: Imported food, meat pie and sausage rolls, artificial sweeteners, cheese, antioxidants in food, colouring matter, salad cream, mineral hydrocarbons, butter, skimmed milk, dried milk, soft drinks, bread and flour, emulsifiers and stabilisers, preservatives, lead in food, fluorine, arsenic, condensed milk, labelling of food, milk.

Orders governing constituents of: Tomato ketchup, suet, self-raising flour, preserves, mustard, meat paste, margarine, coffee, fish paste, cakes, edible gelatine, curry powder, cream, baking powder.

This list gives some idea of the extent of food control today. It is not exhaustive but it is the main legislation in force at the present time to which the public analyst and food sampling officer must have regard. In addition to the statutory requirements, codes of practice are agreed from time to time between the trade representatives and those of the analysts and local authorities regarding the composition of certain foods. Most manufacturers are adequately advised by their own staffs but occasional contraventions are still discovered—usually technicalities with regard to labelling. Deliberate adulteration of food is now rare and whilst this may be largely due to the integrity of food manufacturers today, there is no doubt that in such a competitive field the need for explicit legislation is nevertheless still very great.

The sampling table shows that 17 samples or 13% of the food and drugs sampled received adverse reports by the Public Analyst. No formal proceedings were felt necessary as the co-operation of the manufacturers was usually obtained. The matters were resolved but not without lengthy correspondence in some instances.

On two occasions, samples of rock from a large multiple stores were found to contain prohibited coal tar colouring material, and as a result of these discoveries supplies were withdrawn nationally and destroyed. The explanation of one manufacturer was that stocks had become mixed up and were intended for the American market—where the colour is permitted. He also used another coal tar permitted in this country but banned in America and bitterly remarked that the international coal tar colour confusion made life for the rock and sweet manufacturers unduly complicated.

The results of a sample of cheese spread revealed an anomaly in new Regulations affecting the traditional manufacture of some of the principal cheese spreads on the market. Manufacturers were still pursuing the matter with the Ministry through their trade associations by the end of the year. Samples of eusol—a chlorine antiseptic sold in chemists' shops, proved to be deficient to the extent of 62% and 75% in available chlorine. This is extremely unstable material and the samples showed deterioration due to age. Its use is now largely discontinued.

An example of a common misnomer was illustrated when a sampling officer visited three local bakers' shops and asked for a "wholemeal" loaf. The Analyst reported that the fibre contents of the dry matter were 0.8, 0.8 and 0.1%—considerably less than would be expected if the whole of the product were used as derived from milling clean wheat, as required for wholemeal bread under the Bread and Flour Regulations, 1963. The bakers knew this but their shop assistants did not—nor do most members of the public who still ask for wholemeal bread. Wheatmeal or brown bread must contain not less than 0.6% of fibre but many people find that true wholemeal bread is unpalatable because of the high fibre content and it is seldom sold except perhaps in health food stores.

Steak pies (two) sampled revealed deficiencies in meat content—22% and 7%. Further investigations revealed local weight inconsistencies despite the manufacturers' plea that this was an isolated instance. Discussions were proceeding as a result between the local baker and the manufacturer. Other irregularities reported were of sausages which contained preservative

which was not disclosed, beer making compound not having a specific list of ingredients, clotted cream consistency inconsistent with the true article and misleading labels to ready meal containers.

Details of samples taken:—

			<i>Number of Samples</i>	<i>Genuine</i>	<i>Not Genuine</i>
Cream and Milk Products	..	..	12	10	2
Cheese and Cheese Products	..	..	4	4	—
Fruit and Fresh Vegetables	..	..	4	4	—
Minced Meat	..	..	1	1	—
Soups	..	..	1	1	—
Bread	..	..	6	3	3
Fish Products	..	..	2	2	—
Butter and Margarine	..	..	2	2	—
Medicine and Drugs	..	..	66	63	3
Cream and Sugar Confectionery	..	..	17	15	2
Cordials and Health Drinks	..	..	7	7	—
Miscellaneous Spiced Foods	..	..	2	2	—
Jellies	..	..	1	1	—
Sausages and Meat Products	..	..	35	28	7
Miscellaneous	..	..	5	5	—
TOTAL			165	148	17

FOOD COMPLAINTS

Complaints about food went down considerably from 89 in 1967 to 50 in 1968. This is unlikely to be due to a rapid reduction in incidents but rather to the probability that more complainants seek redress direct with the manufacturer or vendor. Not every aggrieved purchaser is willing to give up his time and be exposed to the probability of cross-examination in court when he has already suffered some inconvenience as a result of his purchase.

Unfitness due to age, deterioration or mould was the cause of 20 complaints and these are less excusable perhaps than the 24 instances where foreign matter was found. All the incidents were carefully investigated and though prosecutions could have ensued on several occasions, it was felt that adequate counter measures would be taken to prevent future occurrences. Six of the complaints proved to be without foundation.

Particulars of the food complaints were:—

Unfit Food

(Deterioration or mould)

Fruit and fruit products	..	..	4
Canned Meat	..	..	1
Cream	..	..	1
Butter	..	..	1
Cakes	..	..	3
Meat and meat products	..	..	4
Bread and bread confectionery	..	..	2
Other food	..	..	4

Foreign Matter Found

Milk: metal and oil stains	2
Bread and cakes: Pieces of fibre, insects (2)	3
Butter: Bristle, oil, grease, screw, seeds	5
Fruit and jam: Wasp, piece of metal	2
Sausages: Mouse droppings	1
Bacon and ham: Maggots	3
Other foods: Glass (2), Insect, Dirt, Stone, Wire, Maggots, Wasp	8

OTHER FOOD INSPECTION

A total weight of 6 tons 11 $\frac{3}{4}$ cwts. of miscellaneous food was surrendered voluntarily by local wholesalers or shopkeepers. This was disposed of by tipping or incineration at the Hygiene Unit. Large items included 1 cwt. of potatoes affected with blight and 9 cwt. of food damaged by fire at a cafe. The majority of the rest was frozen food from supermarkets or butchers' premises made unfit due to refrigeration breakdown. A discretionary charge of 10s. 6d. per condemnation certificate can be levied if it appears that food inspection and disposal is merely required for internal accountancy purposes. There were very few and there is no doubt that the charge has encouraged firms to make internal credit arrangements to allow for a certain amount of the usual and obvious damaged or deteriorated stock.

MEAT INSPECTION

The only slaughterhouse in the town continued in operation during most weekdays but with a reduced kill—10,565 animals were slaughtered compared with 12,440 during 1967. The reduction appeared to result from changing Government subsidies affecting home killed meat as well as a gradual decline in business which seems to affect the small slaughterhouse today. The year also saw the end of the greatest ever national epidemic of foot and mouth disease when standstill orders—except for necessary slaughter—operated throughout the country. Happily no outbreaks occurred in West Sussex but there was as little as possible movement of livestock and traffic to and from farms.

Another step forward in improving slaughterhouse hygiene was taken with the introduction of the Slaughterhouses Hygiene Amendment Regulations, 1966, which prohibited the use of wiping cloths from the 1st November. Water sprays to wash down carcasses were installed and no objection was raised to the use of separate paper towels for wiping down unduly wet or dirty carcasses—though this practice will undoubtedly be discouraged eventually. The next step in improvement is likely to be the prohibition of floor dressing to prevent what is probably the greatest means of contamination of some carcasses today. Evidence of disease found in post-mortem inspection continued to fall and tuberculosis, once the scourge of animals as well as man, was not found except in pigs' heads. Inspectors made 465 visits for meat inspection—all District Health Inspectors sharing the work on rota. An hour or two overtime during the week is involved but no weekend slaughtering takes place. Meat condemned weighed 12 tons 2 $\frac{1}{2}$ cwt. and income to the Council for inspection charges—cattle 2s. 6d., pigs and calves 9d. and sheep 6d. per head—amounted to £430 7s. 9d.

The following table is prepared in accordance with the Ministry requirements:—

Carcases and offal inspected and condemned in whole or in part

	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected...	444	247	516	2,005	7,353
<i>All diseases except Tuberculosis and Cysticerci :</i>					
Whole carcases condemned...	3	19	18	9	36
Carcases of which some part or organ was condemned ..	133	115	11	172	1,749
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	30.6%	54.3%	5.6%	9.0%	24.4%
<i>Tuberculosis only :</i>					
Whole carcases condemned...	—	—	—	—	—
Carcases of which some part or organ was condemned ...	—	—	—	—	107
Percentage of the number inspected affected with tuber- culosis	—	—	—	—	1.4%
<i>Cysticercosis :</i>					
Carcases of which some part or organ was condemned ...	—	—	—	—	—
Carcases submitted to treat- ment by refrigeration ...	—	—	—	—	—
Generalised and totally con- demned	—	—	—	—	—

DISEASES OF ANIMALS ACTS

The general restrictions on movement of livestock in West Sussex during the national outbreak of foot and mouth disease were lifted in February. During the operation of the Order, 135 licences were issued, authorising the movement of 2,346 animals in the Borough. Routine movement licences for 1,466 pigs entering the Borough from outside markets for slaughter were received in accordance with the requirements of the Regulations of Movement of Swine Order, 1959.

MILK AND MILK PRODUCTS

The only pasteurising plant is at South Coast Dairies, Penfold Road, which receives churn milk from 175 producers daily, handling about 13,000 gallons of milk. The amount of untreated farm bottled milk sold in the town continued to reduce and is now happily a very small percentage of

the whole. This milk is sampled monthly for the statutory bacteriological tests as well as biological testing for the presence of harmful organisms. It was disquieting in February, in this age of tuberculin tested cattle, to receive a report from the Public Health Laboratory, Brighton, that one sample of farm bottled milk proved positive for M. Tuberculosis. The farmer who was in the rural district agreed to send all the milk from his 60 cow herd for pasteurisation pending investigation, but the Medical Officer of Health of Worthing Rural District Council served the appropriate notice under the Milk and Dairies (General) Regulations, 1959, making pasteurisation compulsory. The Order was withdrawn when veterinary tests of individual cows showed no disease. Several cows from the herd had been sold or slaughtered between the original sampling and report six weeks afterwards and though the investigations were inconclusive it must be assumed that one of these cows was the cause of the positive milk sample.

The number of positive samples for brucella abortus showed a large increase as the table below indicates. This is not necessarily indicative of a high rise in the disease in cattle as some of the samples were repeats of previous positive results. They show how the organism seems to cling to a herd for long periods. As all the milk involved is pasteurised in Worthing before sale, this form of sampling tends to be an academic exercise, though the results are valued by the authorities in whose areas the farms are situated because of the farm workers who are principally those at risk.

One pasteurised milk sample from a vending machine failed the methylene blue test due to inadequate rotation of cartons.

Details of licences and samples taken for statutory and biological tests are given:—

Licence holders:

Dealers “Untreated”	..	..	—
„ “Pasteurised”	..	..	1
„ Prepacked Licences	..	..	109

Biological sample Results:

		1965	1966	1967	1968
No. of samples examined for organisms	.. ..	81	38	238	207
M. Tuberculosis—Positive	..	—	—	—	1
Brucella Ring Test—Positive and weakly positive	..	17	—	25	22
Brucella Abortus—Positive	..	8	—	4	13
Brucella Melitensis—Positive	..	—	—	—	—

Samples submitted for turbidity phosphatase, methylene blue and penicillin presence tests:—

Designation		No. taken	Unsatisfactory
Untreated	.. .. .	31	—
Pasteurised	.. .. .	91	1
Sterilised	.. .. .	13	—
Penicillin presence	.. .. .	212	—
Ultra Heat Treated	.. .. .	5	—

ICE CREAM

Adequate control is now exercised over this food which is no longer a one season commodity. A good check on hygienic production and storage is kept by sampling as shown below and retailers from whom poor results were obtained were advised on storage and sterilisation techniques.

Results of samples taken for bacterial quality were:—

<i>Taken</i>	<i>Grade 1</i>	<i>Grade 2</i>	<i>Grade 3</i>	<i>Grade 4</i>
68	45	13	7	3

14 iced lollie samples were taken. 12 were satisfactory, 2 other samples above pH.4.5 were Grade 3.

POULTRY INSPECTION

Intermittent slaughtering of chickens at 2 establishments was continued during the year. Except for a few special orders, most birds were sent out uneviscerated. Conditions at both premises are acceptable and no complaints have been received from neighbouring residential property. There are many more premises in which slaughtering and dressing is carried out around Christmas and some of these in smallholding or allotment areas would not be tolerated on a permanent basis. Control over this sort of establishment at these times is virtually impossible without compulsory notification of intention to slaughter.

(1) Number of poultry processing premises within the district	.. .. .	2
(2) Number of visits to these premises	.. .. .	21
(3) Total number of birds processed during the year	..	12,000
(4) Types of birds processed—capons, boilers and turkeys		
(5) Percentage of birds rejected as unfit for human consumption	 less than 1 %	
(6) Weight of poultry condemned as unfit for human consumption	.. .. .	$\frac{1}{2}$ cwt.

GENERAL FOOD PREMISES

<i>Kinds of Business</i>	<i>No.</i>
Restaurants, Cafes and other premises selling meals and drink..	460
Grocers, Dairy Shops	147
Butchers, Fishmongers and Fish Fryers	92
Fruiterers, Greengrocers	80
Bread and Flour, Confectionery ..	64
Confectioners, Tobacconists, etc. ..	130

A high standard was maintained in most food retail premises—particularly when exposed to public view. It is the out of sight parts where preparation and cooking is done which can leave much to be desired—and if seen by customers without doubt would result in a boycott of the premises. Some of these shortcomings are made worse by the restricted space in which so many activities have to take place, making hygienic practice doubly difficult and placing an unfair burden on staff. The problem is very evident in some of the restaurant kitchens in the town—many of which were designed for far smaller businesses without the machinery and equipment in common use today. A minimum statutory—or even advisory—ratio standard for kitchen and dining space would be greatly welcomed.

While advice and encouragement is practised by health inspectors, occasionally it is necessary to apply the Food Hygiene Regulations in their penal form and 3 prosecutions were taken during the year. A greengrocery shop manager who smoked a cigarette while in the shop and handling food was fined £10 and 2 guineas costs, a cafe proprietress was fined £20 and 3 guineas costs on 10 summonses for dirty premises and a hotel company was fined £72 and 5 guineas costs on 29 summonses for dirty and unsatisfactory hotel kitchens, food stores and preparation rooms. Both premises had been brought up to a satisfactory standard before the hearing.

Students on City and Guilds Catering Courses at Worthing College of Further Education took the certificate course on Food Hygiene for the Royal Institute of Public Health and Hygiene for the third year running. Lectures and films were provided by the department.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

There is now only 1 registered premises which has been in operation for many years. During the course of the year 4 samples of filling materials have been taken and have proved bacteriologically satisfactory.

NOISE ABATEMENT

Though 174 visits were made in connection with complaints of noise, very few instances were encountered where statutory action could be justified. In most investigations, the minor noise complained of was stopped or reduced on informal approach.

The unduly sensitive hearing of some people, the fact that a pre-occupation with noise can be an early sign of mental disease, and in some instances sheer imagination in people, does make these sort of investigations more difficult than most environmental problems. One verified complaint was traced to a leaking water main in adjoining premises, however. Another was caused by panel beating from a nearby garage and it was revealed that no planning approval for this purpose had been obtained. In two other instances, observations at all hours of the day and well into the night by Inspectors could not substantiate “radio noise.” One cause of noise on winter nights can be the vibration of telephone wires of houses during particularly frosty weather.

Noise from human sources—from people leaving clubs late at night for example—comes within the province of the police for possible breaches of the peace, but complaints of this nature are sometimes made. Several letters were received by the press and representations were made to the Member of Parliament—though no complaints were lodged with the Council—when a new air-way, “Amber One,” was opened during the year. Aircraft from London and Gatwick follow this southern route which has a 10-mile width with Worthing as its centre. Though aircraft noise does not come within the scope of the Noise Abatement Act, this occurrence is worth recording. Additional aircraft activity was noticeable on the opening of the air-way but their height is such that only the most sensitive of sleepers would be disturbed at night—and traffic noise during the day makes detection unlikely.

	<i>Industrial</i>	<i>Commercial</i>	<i>Domestic</i>
Number of nuisances confirmed	2	—	1
Number of nuisances remedied informally	2	—	1

RODENT CONTROL

Activities and complaints in this work remain fairly constant and keeping rodents well in check seems to be the most that can be done. To eliminate rats and mice would be exorbitantly expensive if not impossible and re-infestation would eventually recur.

Baiting of part of the town’s sewers—a favourite harbourage and means of communication of rats—was carried out once again. Fluoroacetamide poison, which requires particular care in use, was again adopted and is ideal in these circumstances. 173 manholes were treated in those areas which experience taught were most likely to be infested and a later examination showed 64 takes. From the amount of bait taken and reports from the Council’s sewage disposal section it is estimated that several hundred rats were destroyed in this way.

Routine surface infestations were dealt with by using Warfarin, the anti-blood coagulant, but another similar poison—Coumatetralyl—was used on occasions if there was the slightest suspicion of immunity. Alpha-chloralose poison for mice in certain infestations was found to be most effective.

Details of work done:—

No. of complaints—Rats	497	(683)
Mice	252	(249)
No. of premises cleared of rodents	741	(870)
No. of visits	2,734	(2,839)

(The figures in brackets refer to 1967)

Properties other than Sewers	Type of Property	
	Non-Agricultural	Agricultural
1. Number of properties in district ..	41,322	45
2. (a) total number of properties (including nearby premises) inspected following notification ..	1172	—
(b) Number infested by (i) Rats ..	480	—
(ii) Mice ..	261	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification ..	1562	89
(b) Number infested by (i) Rats ..	97	9
(ii) Mice ..	23	4

OTHER ENVIRONMENTAL PESTS

The department dealt with a variety of pests—cockroaches, ants, fleas and occasional bed bugs which trouble householders. Some rechargeable disinfestation is carried out at business premises on request but most of the large hotel and catering premises now have regular contracts with private pest control firms. One whole family had to be treated simultaneously for scabies—an operation in which several departments were involved. Advice was also given on various insects of no public health significance which were brought in for identification and 91 bee or wasp infestations were treated at a charge of 7s. 6d. each. Beach spraying was again carried out on a number of occasions by the Borough Engineer in attempts to control *coelopa frigida*, the beach fly.

Pigeons—feral and wood—have become established urban pests, encouraged by plentiful food supply. The Council entered into a contract with Rentokil in April for £350 for destroying pigeons by trapping and shooting and 690 birds were dealt with in this way. 62 complaints were received about nuisance or damage by these birds' activities.

COMMON LODGING HOUSES

There are no registered premises in the borough.

MISCELLANEOUS ACTS

Visits were made in connection with the Riding Establishments Act, 1964—4 licensed premises—Scrap Metal Dealers Act, 1964—12 registered persons—Animal Boarding Establishments Act, 1963—5 licensed premises and Pet Animals Act, 1951—8 licensed premises.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The annual report on the progress of this Act has already been sent to the Department of Employment and Productivity but some of the statistical detail is repeated here. Structural work which may have been necessary to comply with the Act has now been done and contraventions encountered relate very largely to lack of maintenance matters.

Gradual improvement in the situation on guards to machinery is noted though occasionally new machines still appear on the market without proper guards. It is discouraging to come across machines, the guards of which have been removed by employees for easier operation, exposing themselves to risks of permanent injury which can occur in a thoughtless moment.

Accidents which disable employees for 3 days or more have to be notified to the local authority. In 1968 36 accidents were notified, most of which occurred in shops (20) with wholesale shops and warehouses next in order (10). Strains or falls sustained while handling goods predominated and some employees slipped or fell merely on the premises and without apparent cause. One serious accident, which could easily have proved fatal, happened during the inflation of a large tyre from a commercial vehicle. Just before inflation was complete the wheel rim flange burst into the employee's face due to lack of security and mounting pressure. A proper guard was found disused nearby. Here was another example of familiarity breeding contempt. Most injured employees were between 50 and 65.

Analysis of Persons Employed in registered premises by workplace:—

Class of workplace	Number of persons employed
Offices	3,809
Retail shops	4,189
Wholesale departments, warehouses ...	363
Catering establishments open to the public ...	820
Canteens	90
Fuel storage depots	7
Total	9,278
Total males	3,692
Total females	5,586

Analysis of Contraventions:

Section	Number of contraventions found	Section	Number of contraventions found
4	Cleanliness 13	15	Eating facilities .. —
5	Overcrowding 5	16	Floors, passages and stairs 36
6	Temperature 33	17	Fencing exposed parts machinery 5
7	Ventilation —	18	Protection of young persons from dangerous machinery 1
8	Lighting 11	19	Training of young persons working at dangerous machinery 2
9	Sanitary conveniences .. 48	23	Prohibition of heavy work —
10	Washing facilities .. 38	24	First aid—general provisions 53
11	Supply of drinking water —		
12	Clothing accommodation 2		
13	Sitting facilities .. —		
14	Seats (sedentary workers) —		
			Total 247

FACTORIES ACT, 1961

There are 315 factories in the town, 12 of them without mechanical power. Most of these are small, the largest being Beechams Research Laboratories making antibiotic preparations, in which nearly 1,000 people are employed. A local authority's duties under the Act are confined to the inspection of sanitary accommodation except in non-power factories when general cleanliness, lighting, ventilation and overcrowding are considered.

Details of action taken during the year:—

Factories Act, 1961—Part I of the Act

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors):—

Premises	Number on Register	Number of Inspections	Written Notices
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	12	20	4
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	315	393	46
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises).	19	25	3
TOTAL	336	438	53

2. Cases in which DEFECTS were found:—

Particulars	Number of cases in which defects were found			
	Found	Remedied	Referred	
			To H.M. Inspector	By H.M. Inspector
Want of cleanliness (S.1.)	9	5	—	—
Overcrowding (S.2)	—	—	—	—
Unreasonable temperature (S.3)	1	—	1	—
Inadequate ventilation (S.4)	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—
Sanitary Conveniences (S.7)				
(a) insufficient	8	8	—	—
(b) unsuitable or defective	38	27	—	2
(c) not separate for sexes	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—
TOTAL	56	40	1	2

Outworkers

Nine firms employ 60 persons working in their own homes, whose names and addresses are required to be notified to the Council. In the event of work being carried on in unsatisfactory premises, the Council has power to require its discontinuance.

Part VIII of the Act

Outwork
(Sections 110 and 111)

	Section 110			Section 111		
Nature of work	No. of out-workers in August list required by Section 110(1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel	60	—	—	—	—	—

WORTHING CREMATORIUM

Worthing's new crematorium at Findon was officially opened by the Mayor, Councillor B. P. Ross, J.P., on 5th January, 1968. The service of dedication was conducted by the Bishop of Chichester, the Rt. Rev. Roger Wilson, D.D.

The Home Office confirmed the appointment of your Medical Officer of Health and his Deputy as Medical Referees, and during the first year 2,606 certificates were completed in accordance with the requirements of the Cremation Acts and Regulations.

MORTUARY

The public mortuary is controlled by the department and was in constant use. 279 post mortems were carried out, mainly by Dr. Rosenberg, Police Surgeon, 47 of which were on bodies from outside the borough.

The proposed Worthing Hospital extensions include provision for a public mortuary so the present building has a limited life.

DRAINAGE, SEWERAGE AND REFUSE DISPOSAL

The number of cesspools serving private houses were reduced by 23 following successful negotiations for connections to public sewers. In two instances—Foxley Lane where 4 houses were connected and West Way where 5 bungalows were connected—the Council contributed £31 and £59 respectively towards the cost of the work. 227 properties still remain on cesspool drainage however.

The inadequacy of some of the central area storm sewers was demonstrated in July and August when heavy storms resulted in flooded basements in Newland Road, Grafton Road, South Street, Heene Terrace, Marine Parade and Montague Place. At one time a large part of Homefield Park resembled a huge lake 4ft. deep in parts following 2½in. of rain which fell in 80 minutes—more than the average monthly rainfall. A number of the basements were occupied and many tenants sustained damage to property and effects. Fortunately the flooding subsided rapidly but the inability of the system to cope with heavy sustained rainfall was well illustrated. Following these incidents, the Borough Engineer prepared a flood relief scheme for the central areas sewers which will cost about 1¼ million pounds.

Sewage treatment at East and West Worthing plant operated smoothly. The sludge from both after de-watering is combined with refuse tailings in the bio-stabiliser to produce a compost which can be tipped innocuously. Some trouble was experienced during the year due to mechanical breakdown but the plant generally operated effectively without nuisance. The effluents at both sewer outfalls is now treated to ensure that no possible beach pollution can occur.

WATER SUPPLIES

The water supply undertaking is owned and managed by the Borough Council. I am indebted to the Water Engineer, Mr. H. A. Leader, for the following report:—

1. Examination of all water samples has been carried out in the laboratory of the Brighton Water Department.

2. The water supply of the area has been satisfactory in quantity and quality during the year.

3. Bacteriological examination of the raw waters was made at weekly intervals except in those instances where bacteriological pollution was present in any raw water when samples were examined daily. The treated waters at all stations have been examined on a similar basis. The total number of raw and treated water samples taken from the pumping stations together with a summary of the bacteriological results obtained is shown below:—

	Raw Water	Treated Water
No. of samples examined	1,484	1,697
No. showing presence of Coliform Organisms in 100ml.	720	3
No. showing E. Coli present in 100ml.	607	2
No. showing Coliform Organism absent from 100ml.	764	1,694

Abbreviated chemical examinations were carried out at weekly intervals throughout the year on all raw waters and a general chemical and mineral examination has been made on five samples of each of the Department's sources.

Bacteriological examinations together with chloramine determinations have also been made on 254 samples of water from service reservoirs. Of this total, 12 samples gave positive results involving three reservoirs only. The first of these, Highdown Towers, contained an untreated water from a private well and such results would be expected under these conditions. This reservoir was taken out of use as was also the well supplying the reservoir in late September when the property was connected to the public supply main.

A total number of 3,655 samples were examined during the year.

4. Since all waters are obtained from the chalk there is little likelihood of any plumbo-solvent action and no evidence of such action being apparent.

5. Chlorination with or without post-ammoniation of all raw waters is practised continuously with the exception of the pumping stations at Northbrook, Stanhope Lodge and Burpham Nos. 3 and 4 boreholes where super- and de-chlorination is utilised before the addition of ammonia to form chloramine in the final treated water.

6. 34,924 domestic properties in the Borough are supplied from the Corporation's Water Undertaking, the population totalling 83,080.

No dwellings in the Borough are supplied by means of a stand-pipe.

7. The natural fluoride content of the water lies between 0.07 and 0.08 milligrams per litre.

SWIMMING BATHS

Regular visits are paid to all the swimming baths and pools which have been built at schools and at Swandean Hospital as well as those owned by the Council to ensure that filtration and chlorination plant operate efficiently. Results of samples taken during the year are given below. It should not be assumed that those samples which are regarded as unsatisfactory indicated that dangerous conditions existed at the time but rather that the samples failed to reach the high standard set.

Samples taken:—

			<i>No. taken</i>	<i>Unsatisfactory</i>
Aquarena (large and small)	..	..	34	—
Beach House paddling pool	..	..	5	—
The Lido	..	..	9	—
Boys' High School baths	..	..	5	1
Selden Primary School	..	..	3	—
Vale Primary School	..	..	1	—
Swandean Hospital	..	..	3	2

It was a memorable occasion for Worthing when the new Aquarena was opened on 27th January. With its two pools, cafe and spectators' gallery, it supplies an asset to the town which was amply demonstrated by its immediate popularity. The figures of attendances given below and compared with the old Heene Road Baths speak for themselves. Some teething troubles have been experienced in maintaining an adequate free chlorine and pH. balance of the water, compatible with comfort—especially difficult in view of heavy bathing loads—but an improvement was being maintained by the end of the year.

I am obliged to Mr. R. S. Battersby, Director of Entertainment and Publicity, for the following statistics of attendance:—

Public attendances	..	..	..	251,034	(57,831)
Borough and County Schools	..	..	..	59,266	(62,444)
Private Schools	..	..	..	1,565	(4,930)
Club Night attendances	..	..	..	70,130	(52,180)
Swimming Galas	..	..	..	7,300	(6,050)
TOTAL				389,295	(183,435)

The public attendances comprised:—

Adult Swimmers	..	..	..	75,923	(12,200)
Child Swimmers	..	..	..	140,837	(40,344)
Spectators	..	..	..	34,274	(5,287)
TOTAL				251,034	(57,831)

(The figures in brackets refer to Heene Road Baths for 1967)

Part IV.

SCHOOL HEALTH SERVICE

SCHOOL POPULATION

The number of children on the rolls of maintained schools at the end of 1968 passed the figure of 10,000 for the first time:—

Type of school	Number of schools		Number on roll	
	1967	1968	1967	1968
Primary	15	15	4966	5521
Secondary:				
Grammar	3	3	1894	1844
Modern	5	5	2666	2760
Special	1	1	132	139
Total	24	24	9658	10264

The children attending the special units (the partially hearing at Downsbrook Primary School and the emotionally disturbed at the Remedial Centre) are included in the above figures. Those attending the Remedial Centre, whether part-time or full-time, remain on the registers of their own schools.

Three more independent schools closed during the year leaving only five providing full-time education for 950 pupils whose ages ranged from 4 to 18 plus. This excludes the 23 private day nurseries (see page 65) some of which have nursery school facilities.

MEDICAL INSPECTION

The arrangements for the medical examination of school children remained unchanged, every child being seen routinely at least three times during school life, normally at 5-6 years, 11-12 years and at 14 plus.

Under the 1944 Education Act a Local Education Authority may make available to independent schools some or all of the facilities of the School Health Service, and medical inspections are now being regularly carried out at Broadwater Boys' Preparatory School, the girls' school of the Convent of Our Lady of Sion and the Lindens School.

At medical inspections the school doctors look for abnormalities and defects, and if necessary arrange for further observation or treatment. Sometimes reference to a hospital specialist is necessary. In every case the family doctor is kept fully informed.

In addition to the three routine medical inspections, children may be given a special examination at the request of the teacher or parents when there is some particular matter for concern. These special examinations may be done in the school or at the clinic.

Defects found at an examination which do not require treatment are usually noted for observation in a year's time. Pupils receiving treatment or with defects requiring observation are re-examined yearly.

At periodic medical inspections, 2,751 pupils were examined compared with 2,709 in 1967. The general physical condition was again recorded as satisfactory in 100%. At these inspections 314 children (11.4% of those examined) were found to require treatment for some condition. As in previous years by far the commonest defect discovered was impaired visual acuity. 189 such children were referred for treatment—60.2% of those with defects and 6.8% of all who were examined.

Vision testing is carried out at the three routine inspections during a child's school life, and also in addition at age 8, 16 and 17 (if still at school). All children found to have defective vision are seen yearly until known to be under the regular care of an ophthalmologist or optician, should this be necessary.

Every endeavour is made to test the vision of very young children. This may not be easy because they are often too shy to co-operate, or they may not yet know their capital letters. By using an "E" card or picture card, however, reasonably accurate testing can be done, though sometimes great patience is needed.

The following table gives the numbers and percentages of children examined and requiring treatment over the past five years:—

Year	No. of children examined	Total No. requiring treatment	% requiring treatment	No. with visual defects requiring treatment	% with visual defects requiring treatment
1964	2281	292	12.8	199	8.3
1965	2443	286	11.7	194	8.0
1966	2924	292	10.0	190	6.5
1967	2709	275	10.1	172	6.2
1968	2751	314	11.4	189	6.8

Table A on page 107 shows the number of children referred for treatment in the various age groups.

In 1968 special inspections numbered 44 and re-inspections 440 (see table B on page 107).

Table D on page 108 gives the number and type of defects found at both periodic and special examinations which required treatment or observation.

Cleanliness Inspections:

These are carried out by the school nurses every term in the infant and junior schools. Routine examinations of secondary school children have not been made since 1955, though individual older pupils are seen from time to time and classes of children of any age are examined at the request of a Head Teacher.

In 1968, 3,525 individual examinations were made and 8 pupils were found to be infested with head lice or nits. The table below shows the pattern over the past 10 years and indicates there is still a need for these inspections.

Table C on page 107 gives further details.

Year	Total number of individual examinations	Total number of individual children found to be infested
1959	6,585	24
1960	4,452	15
1961	5,871	24
1962	4,267	6
1963	5,772	8
1964	10,724	5
1965	8,446	7
1966	6,325	4
1967	4,565	9
1968	3,525	8

MEDICAL TREATMENT

School Clinics:

Except for the Child Guidance Clinic, all are held in the main clinic premises in Stoke Abbott Road behind the Town Hall. The services are also available to pre-school children under section 22 of the National Health Service Act, 1946; and the statistics are given separately on page 43 et seq. In the tables and figures which follow the numbers include both pre-school and school age children.

(a) Minor Ailments Clinic:

A clinic is held each morning to deal with common minor infections of the skin, eye or ear. The children are normally referred from school medical inspections, or are sent in by teachers or health visitors. Sometimes they are brought along by parents. In common with the rest of England, attendances at minor ailment clinics have fallen during the past few years—in fact since the start of the National Health Service. However, these clinics also form a useful clearing house for the preliminary investigation of all types of defect. During the year 47 children made 133 attendances. A comparison with earlier years is shown below:—

Total number of attendances:

1960	..	..	..	..	387
1961	..	..	..	..	303
1962	..	..	..	..	160
1963	..	..	..	..	168
1964	..	..	..	..	170
1965	..	..	..	..	186
1966	..	..	..	..	200
1967	..	..	..	..	225
1968	..	..	..	..	133

In 1947, a year before the National Health Service came into operation, there were 6,193 attendances.

(b) *Orthopaedic Clinic:*

Mr. J. A. Cholmeley, F.R.C.S., Consultant Orthopaedic Surgeon, has now retired. He held his last Local Authority Orthopaedic Clinic in July after 28 years' service. All children with orthopaedic defects are now being referred to the hospital clinics. Details of treatment at the Clinic for the first six months of the year are given below:—

Number of sessions	4
New patients seen	28
Old patients seen	30
Total number seen (new and old) ..	58
Total number of attendances	75

During the year one pre-school child received in-patient treatment at the Royal National Orthopaedic Hospital in Stanmore, Middlesex. Six school children and two under school age were supplied with orthopaedic appliances (through the National Health Service). Three X-ray examinations were carried out by Worthing Hospital staff on school children and two on pre-school children.

(c) *Physiotherapy Clinic:*

The physiotherapist holds sessions in the clinic on three afternoons and one morning each week. Children are referred for treatment by the school doctors and by general practitioners.

The following figures summarise the work of the physiotherapist during the year:—

New patients treated	127	(59)
Old patients treated	17	(15)
Total number treated (new and old)	144	(74)
Total number of attendances ..	517	(282)

(The figures in brackets refer to 1967)

(d) *Eye Clinic:*

This is held every Friday afternoon. Refraction is carried out and spectacles prescribed when necessary. Most of the children seen have impaired vision due to refractive errors. Some have squints. During the year 9 children with squints needed operative treatment and many were treated by the orthoptist (see below).

Number of sessions	39	(39)
New patients seen	182	(121)
Old patients seen	199	(269)
Total number seen (new and old)	381	(390)
Total number for whom glasses prescribed	91	(107)
Total number of attendances ..	469	(459)

(The figures in brackets refer to 1967)

(e) *Orthoptic Clinic:*

Treatment by the orthoptist is given in the clinic on Wednesday and Thursday mornings, and all day on Monday. The children concerned have all been referred by a Consultant Ophthalmic Surgeon.

Orthoptic treatment consists essentially of stereoscopic exercises for the muscles controlling eye movements in an attempt to give binocular vision. The instruments used for this are called synoptophores. A squinting eye, untreated, may cause double vision, but more usually vision is suppressed and the eye becomes useless and blind for all practical purposes. Treatment is most effective between the ages of 4 and 6.

Number of sessions	..	..	141 (173)
New patients treated	..	..	61 (73)
Old patients treated	..	..	73 (67)
Total number treated (new and old)			134 (140)
Total number of attendances	..		416 (549)

(The figures in brackets refer to 1967)

(f) *Speech Therapy Clinic:*

The Speech Therapist devotes six of her ten sessions to children attending Worthing schools. Details of the work are as follows:—

Number of children referred by

(a) School doctors	..	..	..	34 (2)
(b) Teachers	..	..	..	60 (81)
(c) Others	..	..	..	24 (7)
			—	118 (90)

Number of sessions held

(a) In Clinic	..	..	..	35 (38)
(b) In George Pringle School	..	..		28 (7)
(c) In other schools	..	..	..	126 (20)
			—	189 (65)

Number of children treated (new patients) .. 72 (3)

Number of children treated (old patients) .. 276 (53)

Total number of attendances (new and old) at
Clinic and schools 920 (274)

1968 was the first complete year since 1963 to have the services of a Speech Therapist.

(The figures in brackets refer to the last five months only of 1967)

(g) *Child Guidance Clinic:*

The Child Guidance Clinic in Southey Road is under the direction of a Consultant Psychiatrist, Dr. M. Aldridge, and open each week day.

Children are usually referred to the Child Guidance Clinic by school doctors or general practitioners, but access is directly and freely available to teachers and parents.

The Worthing clinic serves a wide area and the work summary which follows only refers to children living or attending schools in the Borough, details of which have been kindly supplied by the Child Guidance Clinic:—

1. Referral:

Referred by	5 years & under		6-11 years		12-16 years		17 years & over		All ages		Total
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
School Medical Officer ..	—	—	2	1	1	—	—	—	3	1	4
Courts and Probation Officers	—	—	—	—	5	1	—	—	5	1	6
Parents and others ..	1	—	8	3	8	2	—	—	17	5	22
General Practitioners ..	3	5	5	5	5	2	—	—	13	12	25
Children's Department ..	1	—	1	1	—	1	—	—	2	2	4
Head Teachers	—	—	9	6	3	2	—	—	12	8	20
Education Department ..	—	—	9	2	5	—	—	—	14	2	16
Hospitals	—	—	—	1	—	—	—	—	—	1	1
Other Child Guidance Clinics	—	—	1	—	—	—	—	—	1	—	1
Totals	5	5	35	19	27	8	—	—	67	32	99

From this table it will be seen that General Practitioners were the largest sources of referral. Half the children were in the age range 6-11, and there were twice as many boys referred as girls.

2. Investigation:

Number of children investigated at the Child Guidance Clinic during the year and found to be:

(a) In need of child guidance help	74
(b) Not in need of child guidance help	22
Total ..	96

3. Treatment:

No. of children treated during year	63
No. of children awaiting treatment on 31.12.68	4

Dr. Aldridge has kindly contributed the following report on the work of the clinic during the year:—

“ 1968 was the first full year in which we had enjoyed the services of a full-time Psychiatric Social Worker and this is much appreciated by the clinic. Other than this the only full-timer is the clinic secretary and the intimate knowledge of the cases and the friendly and understanding attitude which the clinic secretary offers to anxious parents is very much part of the clinic's work and one that is, I believe, frequently under-valued and overlooked.

During the year two films were shown on autistic children and we were pleased to welcome Health Visitors to these films. It did seem that after this we saw quite a few more very young children and it has been rewarding to be able to untangle what are often essentially very simple management problems before they become complex and difficult to unravel. This

apparent result of showing the films seems to indicate that there is quite a large untapped potential source of referrals, a point about which, I believe, most Child Psychiatrists are in agreement.

The lack of direct access to any psychiatric beds for young people between say 6 and 16 years happened to be highlighted by a distressing case but one in which, fortunately, the kindness of a unit in another county provided an eleventh hour solution. One would think that East and West Sussex, with, of course, various County Boroughs, could easily provide a small in-patient unit and must, undoubtedly, desperately require one. There has been a marked tendency recently for units in surrounding counties to close their doors, not because of any awkwardness but simply because of pressure from their own area on the bed space available.

There has been an increasing tendency in the clinic for home visits by Social Workers and Psychiatric Social Workers and this, to some extent, represents a break away from what has tended to be an opposition to home visiting based on an outdated picture of orthodoxy in child guidance.

Mrs. Field, at the Remedial Centre, continues to be of immense help to the clinic. She has deepened and widened her contact with schools and this, indirectly, helps to present the clinic in a more sympathetic way.

We have had no students from Sussex University this year about which everybody has mixed feelings.

As to the future one would like to see closer links with the Hospital Service without losing the very considerable advantages of the present structure."

(h) *Enuresis Clinic* :

Sometimes the condition known as enuresis (bed-wetting) persists after babyhood and the toddler stage into school life, causing the child embarrassment and unhappiness. The special enuresis clinic which was begun in 1967 to help these children continued throughout the year. Some of the children were referred as a result of a routine school medical examination and some by their general practitioners. In all cases the doctor's permission was obtained before treatment commenced and he was also notified of the treatment given.

The actual treatment is a combination of psychotherapy (discussion with a view to altering the child's or his parents' attitudes) and drugs. A "cure" in most cases has been regarded as four weeks without a wet bed, and all children are followed up in three months to see if in fact the cure is permanent.

During treatment the parent (or child) keeps a very careful record of the "wet" or "dry" nights between appointments which are usually at monthly intervals.

The details were as follows:—

Number of clinic sessions held	..	..	24
Total number of children attending	..	..	67
Total number of attendances made	..	..	243
New cases referred (boys 24, girls 15)	..	..	39
New cases discharged cured (boys 16, girls 4)	..	..	20

In addition to the children treated at the clinic, some were issued with pad and bell alarms. When the child starts to wet his bed an electric circuit is completed and this causes the bell to ring, thus waking him up. Not all cases are suitable, but properly used this method of treatment can be extremely effective and earn the heartfelt thanks of the child and his family.

10 children were treated during the year with pad and bell alarms. On the whole the results were good, as the following table shows:—

Result	No. of children treated		
	Boys	Girls	Total
Complete success ..	5 (5)	— (5)	5 (10)
Marked improvement..	5 (—)	— (4)	5 (4)
Some improvement ..	— (—)	— (—)	— (—)
Not improved	— (3)	— (1)	— (4)
Totals	10 (8)	— (10)	10 (18)

(The figures in brackets refer to 1967)

DENTAL INSPECTION AND TREATMENT

Report of the Area Dental Officer:

“ With the comparative figures now available between 1967 and 1968 for the work of this Department it can be seen quite clearly that we have now reached saturation point, and the time is ripe for additional professional services to help cope with the increasing numbers accepting treatment. To be of maximum benefit, with the majority of the schools away from the town centre, this additional help should be provided with a mobile dental caravan to gain most benefit from the available school working hours, with the minimum of disturbance to the schools and minimal loss to pupils of valuable classroom time.

This aspect of the continuing problem of dental disease, however, is merely the curative, and although this is vital it would be of far greater importance if a fluoridation programme could be introduced. As a preventative measure, with all the proven scientific evidence pointing to its efficacy as a means of reducing decay, its implementation should no longer be delayed. It is significant to note that in the study areas there have been references showing that fluoridation strengthens bones against fractures in the elderly and that rheumatism is reduced. Our water supplies already have a concentration of fluoride in them and the suggested measure is merely topping up this concentration to give the optimum level at which the enamel of the teeth is strengthened, or surface hardened, causing them to be very much more resistant to decay.

Meanwhile we must continue whatever other preventative measure we can, such as topical fluoride applications, the recommendation of using a fluoride toothpaste and the use of fluoride tablets. All these measures are still not as effective as the fluoridation of the water supplies to the optimum level of 1 part per million.

The Dental Hygienist now attends on one session per week, most of her time being spent doing topical fluoride applications, scaling and polishing, and dental health education to individual patients at the chairside. For dental health education in the schools we lean more and more heavily on the services of the Health Education Organiser to give any talks which can be arranged. This she usually does around the time of a school inspection.

The number of failed appointments by children still causes some concern particularly as we have such a large waiting list. Some degree of patient responsibility should be imposed if professional time is not to be wasted whilst other children are waiting for appointments."

The statistics which follow are for school children only and refer to 1968. (Those in brackets are for 1967). Further details of treatment given (including orthodontic treatment) will be found in Tables E and F on pages 109 and 110.

School Inspections :

Number of half-day sessions	55	(49)
Number of children inspected	9,083	(7,240)
Average number of children seen per inspection	165.1	(147.7)
Number referred for treatment	2,871	(2,509)
Number treated	1,002	(619)

Dental Treatment :

Number of half-day sessions at clinic	492	(392)
Number by mobile dental unit	59	(49)
Number of attendances made	4,350	(4,696)
Average attendance per session	9.3	(10.6)
Number of failed or cancelled appointments ..	1,115	(1,223)

HANDICAPPED PUPILS

The Education Act of 1944 made it the duty of every Local Education Authority to find out what children in the area needed special educational treatment. This "ascertainment" remains one of the most important functions of the School Medical Officer. All handicapped children over the age of two are his concern, and he maintains his supervision throughout their school life.

Table G on page 111 shows the number of handicapped children requiring special educational treatment in each of the ten categories. At the end of 1968 there were 111 children on the registers of special schools (70 day pupils and 41 boarders) compared with 105 in 1967. In addition 4 children were attending full-time a centre for spastics in Worthing and 2 children were in full-time attendance at the partially hearing unit in Downsbrook County Primary School. There were also 27 emotionally disturbed children attending part-time at the Remedial Centre in Richmond Road. Two children were being educated in hospital and 5 were receiving home tuition.

During the year 16 children were assessed as needing special educational treatment and 14 were suitably placed. Three were still awaiting placement at the end of the year. The 16 children who were assessed comprised 9 educationally subnormal, 4 maladjusted, 1 partially sighted and 2 delicate.

Deaf and Partially Hearing Children:

The testing of hearing (as of vision) is best done soon after a child begins school though it is, of course, more time consuming at this age. The majority of the 1,659 children who were routinely tested in 1968 were school entrants aged 5 though some were older. Several children had to be tested more than once, but none had to be referred for further audiological investigations. The method used to test children’s hearing is called “sweep-testing,” and is done by School Nurses using a pure-tone audiometer. Full-scale audiometric testing for every child would be very time consuming and the “sweep-testing” method enables larger numbers of children to be seen at one session. Each child is tested individually and each ear separately. Four frequency levels within the range of normal speech are used at a fixed intensity of 20 decibels.

There were five Worthing children attending full-time at the Special Unit for partially hearing children which is situated within the precincts of Downsbrook County Primary School. They are taught by a qualified Teacher for the Deaf using specialised equipment, but integrate with normally hearing children for three sessions each week.

Four partially hearing children were at special residential schools, three in Brighton and one at Cuckfield School, Surrey.

Two partially hearing children attending secondary schools in Worthing were visited regularly by the teacher in charge of the Unit, Mrs. F. M. Gledhill, and in addition, a number of children from various primary schools continued to come to the Unit for regular sessions of special teaching.

Educationally Subnormal Children:

I am grateful to Mr. G. E. Pickett, Headmaster of the George Pringle School, for the following report:—

“At the end of 1968 the number on roll in the main school was 133—97 boys and 36 girls, and there were 3 boys and 3 girls in the Diagnostic/Observation/Assessment Unit. The total number of 139 was made up as follows:—

5 years of age	1
6 " " "	5
7 " " "	6
8 " " "	10
9 " " "	18
10 " " "	22
11 " " "	12
12 " " "	16
13 " " "	14
14 " " "	21
15 " " "	13
16 " " "	1

The Diagnostic/Observation/Assessment Unit was set up in January for potential pupils about whom more information is required before definite decisions as to future education can be made. The number of children in this unit at any one time is small so that the teacher in charge can closely observe each individual child in a clinical situation. After consultations between representatives of the School Health Service, the

Education Department, the County Psychological Service and by the teacher in charge of the observation unit and the headmaster, it was agreed that two children should join the main school and that one child should have residential placement. Such conferences take place each term.

Since the appointment of Miss C. A. Foley, regular speech therapy sessions have been possible one morning a week. By the end of the year 24 children were either receiving treatment or were under observation.

The fourth annual school camp took place from Friday, 5th July, to Friday, 12th July, at Lodge Hill. Twenty-one children attended the camp. Weather was mixed but tolerable.

On Monday, 19th July, we held our fifth annual Sports Day. All children took part and allowance was made for physical disabilities. The event was well supported by parents and friends of the school. Once again we were favoured with sunshine.

On Monday, 15th July, 39 children, accompanied by teachers, attended the second annual inter-school sports meeting at the Crawley Stadium—children from the four other Special Schools in the county took part. The emphasis was a social rather than a competitive one—the ‘taking part’ being all important.

Apart from a short winter break the P.E. Club has continued to flourish. This is held on Wednesdays after school finishes.

Interest in swimming is unabated. Upwards of 30 children attend each Friday morning and there is competition for inclusion on the ‘waiting list.’

The Evening Club, which was started in October, 1967, is now very much a ‘going concern’ being attended by about 20 boys and girls. The Club meets each Tuesday evening from 7 p.m. to 9 p.m. and is for children who have left school and for those who are in their last year at school. Five of the staff give up their time voluntarily to run the Club which maintains links between leavers and the staff and between leavers and those who are about to leave. Activities include table tennis, billiards, listening to records, dancing and P.E.

As part of the ‘Preparation for Life’ leaving programme visits have been made to Mitchell’s Bakery, Vaga Clothing factory at Goring, Keith Andrews Limited, Solport Plastics factory and South Coast Dairies.

Until the Autumn term girls continued to help at the W.R.V.S. Nursery at The Hollies.

The majority of boys and girls who have left the George Pringle School since it opened are holding down their jobs satisfactorily and are coping with life’s ups and downs with reasonable resilience. The following are some of the occupations being followed by our leavers:—

Girls: Helper in Cafe kitchen; Kitchen hand at Beechams; Packer at Beechams; Supermarket worker; Worker in plastics; Trainee hairdresser; Leather worker; Clothing machinist; Chicken catcher !

Boys: Tree feller; Warehouse boy; Nursery worker; Drilling and milling operator; R.D.C. labourer; Worker in salvage department; Window cleaner; Bakery assistant; Parks department hand; Packer in clothing factory; Gardener; Box liner; Carpenter; Scaffolder.

Visitors to the school have included local Rotarians, tutors from Brighton College of Education, two American teachers, students from Bishop Otter Training College, and from London University, and also trainee psychiatric social workers.

During the year senior boys have continued the outside activities, laying concrete paths for the garden and extending the car parking area. They have also begun a sandpit for the use of the children in Class 1.

One innovation this year has been the scheme whereby once or twice a term the senior girls cook a meal not just for themselves but for the whole of the senior class, boys included. While the boys are working in the garden and around the buildings generally, the girls are cooking the midday meal. The idea is proving very popular with the boys and girls and we think has definite educational and social benefits.

As in previous years, many parents have visited the school to discuss their children, to look around the school, to attend the Medical Inspection, or to join in one of the activities of the school such as Harvest Festival or Carol Service. A number of parents assisted at the Coffee Morning and sale held in June. This had the joint aim of showing something of the work of the school—items of leatherwork, needlework, basketry, papier mache work, fruit bowls turned on the woodwork lathe, etc., and of raising funds. In connection with this effort one must thank members of the Companions Club who assisted by running stalls of their own.

In 1968 the West Worthing Rotary Club has made a generous gift of money to the school fund, and has donated book tokens for children producing the most creditable work, bearing in mind particular individual limitations.

I would like to pay tribute to all the teaching staff for their patient understanding and their conscientious and selfless devotion to the many needs of our children and to the ancillary members of the staff who have worked no less nobly."

Maladjusted Children:

Day educational treatment of emotionally disturbed children is provided at the Remedial Centre in Richmond Road. I am grateful to the Teacher-in-Charge, Mrs. E. Field, for the following report on the work of the Centre during the year:—

"The Worthing Remedial Centre was first started in September, 1957, for children whose needs cannot be met within the normal school. The treatment is under the general direction of the Consultant Psychiatrist who is Director of the Worthing Child Guidance Clinic. Children are only recommended for attendance at the Centre after full discussion by the Clinic team.

At the present time there are 55 children attending each week for morning and/or afternoon sessions. Owing to the nature of the work one makes relationships with the children which allow them to return to the Centre at any time to discuss problems which may arise after they have left. The result of this is that we have visits from many past pupils, some of whom have subsequently married, but they still maintain a link. This enables them to feel that they are always welcome to have contact with someone who understands their problems and background. Therefore, although the number on roll is 55, the actual weekly attendance is often higher than this.

In previous years I have outlined the general functions of the Centre, but this year I have decided that it might be more informative to give some background on individual children attending the Centre showing the type of work which is undertaken.

(1) A boy of nine, severely retarded educationally who became unmanageable in his class, has been attending the Centre for the past 18 months. There was considerable parental pressure on this boy because of his failure at school. He was unable to read and could not cope with simple arithmetic. He had become very aggressive and demanding of attention, being provocative and attention-seeking in school. He has attended for two sessions weekly and his headmaster now reports that he is settled and happy in his class. He reads with some fluency and readily accepts the classroom situation. His sessions have been reduced with a view to terminating his attendance soon.

(2) A girl of ten was referred to the Centre in May, 1968, by the Head teacher for stealing and failing to make relationships with other children. She had become withdrawn and unhappy and was making little progress in her general school attainment, although she was of average intelligence. This girl was adopted after several unsuccessful foster placements and had been emotionally deprived while very young. She gradually made relationships within the group and with the staff, and began to talk, which was something she had previously been disinclined to do. She gained in confidence and made friends with girls of her own age. Her school work improved and she transferred to a secondary school where she is very happy. She is now taking part in all school activities. This girl no longer needs the support of the Centre.

(3) A girl of eight was unable to get to school or leave the home and was admitted to the Centre. As is the case with many of these children in the school phobic group, her anxiety about separating from her mother was so acute that she had to be brought and her mother remained throughout the session. Her school work was well above average and always neat. After a few weeks her mother was able to leave her with us and she attended regularly for almost two years. The parents were very anxious to get her back into school and one attempt was made by them to do this. However, it proved to be unsuccessful and she came back to the Centre. Last September the girl expressed a wish to return to school, which she did, and is making good progress both socially and with her educational work. She often writes giving us news of her position in class and asking us to send her news of the Centre. Although this girl was out of school for two years she was able to return and be placed among the top group in her class. Several of the school phobic children have returned to school, but there are at present still 12 of these children attending part-time at the Centre.

(4) S. was first referred to the Centre as he was presenting behaviour problems at school, being difficult to control in class and often aggressive towards other children. His reading ability was well below the standard of his class. When he first attended the Centre he was an extremely active child who found it difficult to concentrate on any one activity for more than short periods of time. He was very aggressive towards other children and his general behaviour was at times quite uncontrollable. After a number of sessions at the Centre he gradually made relationships with

children and staff, and what had previously been destructive aggression began to be channelled into more constructive pursuits. He got great satisfaction from wood and clay work and at the same time began to make real progress with his reading. He began to talk of things he felt strongly about, one of which was that he seldom saw anything of his father, who was a night worker. It was explained to S. that this did not mean that his father did not wish to spend time with him, but that work was a necessity. S. is still attending the Centre and his behaviour is now much more predictable than before. His school work has also improved.

Remedial Teaching:

Children from schools in need of individual teaching in reading have weekly sessions at the Centre. Results have been encouraging and many of these children have made gains of over two years in their reading ages in less than a year, having only one session a week. Many of these children were tense and unable to learn within a large group and have benefitted from an individual relationship with the teacher. We have been able to admit a number of children with learning difficulties now that we have a part-time remedial teacher. These children often present anti-social behaviour which frequently disappears when they are able to read. Falling behind in the basic subject does produce problems which are helped with individual teaching and the opportunity to work and be accepted within a small group.

During the past year we have had visitors from the London Institute of Education, Brighton College of Education, Bishop Otter College of Education and Sussex University. A number of our school leavers have been successful in securing work that they have wanted to find through the sympathetic consideration given them by Miss Gray at the Youth Employment Office.

Mr. Cooper, who has been on the staff for the past two years, is leaving us to emigrate to Australia, where he hopes to continue in the same work. He has contributed so much to the Centre and we are all sorry to see him go.

I am very grateful for the help I have received over the year from the Child Guidance Clinic, Heads of schools and the parents."

Spastic Children:

The FitzAlan Howard Day Centre for Spastic Children opened on the 9th September. Run by the Worthing, Littlehampton and District Spastics' Society, this centre caters for the needs of spastic children of nursery and primary school age. Some physiotherapy and speech therapy is provided by the local authority, and also the services of a teacher for those children who are able to benefit. These include four Worthing children, two of whom until the centre opened were taught individually in their own homes. They now not only get their "home" teaching in a group but benefit greatly from mixing with other children and taking part in group activities which include pony rides and weekly visits to the Aquarena for swimming instruction.

HOME TEACHING

Home teaching can be of very great value to some handicapped children for whom placement in a special school with other children is not practicable or suitable. I am indebted to Mrs. J. R. Bridger for her report on this service during the year:—

“Worthing employs two Home Teachers (in addition to the Teacher of the Deaf who also makes home visits). During 1968 15 children with an age range of 5-17 were taught at home, and most children received 6½ hours' tuition a week.

Three children taught during the year were spastics, two of whom now attend the Spastic Centre in Pavilion Road. One rubella baby, after five years of home tuition, has been accepted by Blatchington Court, Seaford, a school for partially sighted boys. One girl, aged six, suffering from spina bifida, entered the Chailey Heritage Hospital School following a year's home tuition.

Three teenagers who are receiving psychiatric treatment have also been taught at home as they are suffering from school phobia. One girl was transferred to a private school but left after a week and now attends the Remedial Centre. A boy of 14 has been encouraged to attend the Robert Southwell School part-time and this is proving successful, due to the co-operation and patience of the staff.

An eight-year-old girl with a kidney complaint has received home teaching for one year and will soon be fit to return to school. An eight-year-old boy suffering from leukaemia has been taught at home and in hospital during the year.

Five children were taught at home or in hospital following operations or accidents—two had broken femurs and two had hip operations, while the fifth has been suffering from haemophilia.

Social functions are held to give these children and their parents opportunities to meet each other. Garden and Christmas parties are arranged, a visit to the Festival Theatre at Chichester and visits to places of interest. The highlight of each year is a visit to the pantomime and tea with the Mayor afterwards, given through the generosity of the Worthing Companions Club.”

CHILDREN FOUND UNSUITABLE FOR EDUCATION IN SCHOOL

The term “unsuitable for education in school” has replaced the term “ineducable.” This reflects the more positive and hopeful attitude now prevailing with regard to mentally handicapped children. Though ineducable within the present educational system, training and “education” is available through the Mental Health Service, particularly in the Junior Training Centre.

During the year five children were reported to the Local Health Authority under section 57 (4) of the Education Act, 1944, as being unsuitable for education in school.

OTHER SERVICES

Provision of School Milk and Meals:

From September, 1968, only children of primary school age were still entitled to one-third of a pint of milk free each day.

I am indebted to the Borough Treasurer for the following figures for the financial year 1968/69. Those for 1967/68 are given in brackets for comparison:—

Total number of school days	186	(202)
Daily average number of children attending school	9,313	(9,018)
1. Milk		
Daily average number of primary school children receiving $\frac{1}{3}$ pint of milk	5,030	(4,437)
Percentage of primary school children receiving milk	95.4%	(91.1%)
2. Meals		
Total number of meals served	1,366,274	(1,561,043)
Daily average number of children taking meals ..	7,346	(7,142)
Percentage of children taking meals	78.9%	(79.2%)

Health Education in Schools:

Full details will be found on page 52 of this report of the work in schools by the Health Education Organiser. The Area Dental Officer also refers to her work in his report on page 98.

School nurses continued to give talks on parentcraft and hygiene as part of the curriculum in some of the schools.

Medical Examination of Entrants to Teachers' Training Colleges and to the Teaching Profession:

No. of examinations for admission to Training Colleges	73	(58)
No. of examinations for entry to the teaching profession	6	(3)
No. of examinations of teachers for other Authorities	8	(6)
TOTAL ..	87	(67)

(The figures in brackets refer to 1967)

School Hygiene and Sanitation:

Public Health Inspectors made visits to schools in connection with the following matters:—

Kitchen inspections	29	(47)
Food and Ice Cream Sampling	7	(11)
Swimming Bath Sampling	9	(14)
Disinfestation (ants, rats, etc.)	11	(24)
Total number of visits ..	56	(96)

(The figures in brackets refer to 1967)

INFECTIOUS DISEASE IN SCHOOL CHILDREN

The number of confirmed cases of notifiable infectious disease in school children during the year was as follows:—

Scarlet fever	..	..	..	1
Whooping cough	..	..	..	11
Measles	..	..	..	6
Dysentery	..	..	..	2

DEATHS OF SCHOOL CHILDREN

The causes of death among children of school age (i.e. 5-15 years) for Worthing registered during 1968 were:—

Leukaemia	..	..	1 (Girl aged 7)
Diseases of nervous system			2 (Boy aged 14 and Girl aged 7)
			—
TOTAL	..		3
			—

ROAD ACCIDENTS TO SCHOOL CHILDREN

Forty-six school children were involved in road accidents in Worthing during 1968, a decrease of 9 over the previous year. The details were:—

Killed	..	..	..	1	(—)
Seriously injured	..	..	..	9	(15)
Slightly injured	..	..	..	36	(40)
				—	—
TOTAL	..			46	(55)
				—	—

(The figures in brackets refer to 1967)

Medical inspection of pupils attending maintained Primary and Secondary Schools during the year 1968

TABLE A — PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of birth)	No. of pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No.	Unsatisfactory No.	For defective vision (excluding squint)	For any other condition	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1964 and later	9	9	—	—	—	—
1963	529	529	—	14	42	56
1962	280	280	—	13	22	35
1961	51	51	—	1	1	2
1960	41	41	—	1	—	1
1959	26	26	—	3	4	7
1958	143	143	—	14	3	17
1957	367	367	—	29	15	44
1956	201	201	—	23	11	33
1955	63	63	—	6	2	8
1954	29	29	—	2	3	5
1953 and earlier	1012	1012	—	83	23	106
Total	2,751	2,751	—	189	126	314

TABLE B — OTHER INSPECTIONS

NOTES—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	..	44
Number of Re-inspections	.. ..	440

TOTAL .. 484

TABLE C — INFESTATION WITH VERMIN

- Total number of individual examinations of pupils in schools by school nurses or other authorised persons, 3,525.
- Total number of individual pupils found to be infested, 8.
- Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944), nil.
- Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944), nil.

The numbers recorded at (b), (c) and (d) relate to individual pupils, and not to instances of infestation.

TABLE D — DEFECTS FOUND BY MEDICAL INSPECTION

Defect Code No.	Defect or Disease	Periodic Inspections				Special Inspec- tions
		Entrants	Leavers	Others	Total	
4	Skin T O	1 —	2 —	5 —	8 —	— —
5	Eyes—a. Vision T O	14 20	83 12	92 22	189 54	7 —
	b. Squint T O	10 1	— —	3 1	13 2	— —
	c. Other T O	1 —	— —	3 —	4 —	— —
6	Ears—a. Hearing T O	1 30	— 1	3 21	4 52	6 —
	b. Otitis Media T O	— —	— —	— —	— —	— —
	c. Other T O	— —	— —	— —	— —	— —
7	Nose and Throat T O	6 4	4 —	3 1	13 5	— —
8	Speech T O	11 5	1 —	6 2	18 7	— —
9	Lymphatic Glands T O	— —	— —	— —	— —	— —
10	Heart T O	— 5	— 1	1 5	1 11	— —
11	Lungs T O	— 5	2 1	2 4	4 10	— —
12	Developmental—a. Hernia .. T O	— 1	— —	— 1	— 2	— —
	b. Other T O	— 14	— 1	— 19	— 34	— —
13	Orthopaedic—a. Posture .. T O	— —	1 —	— —	1 —	— —
	b. Feet T O	1 2	— —	8 1	9 3	1 —
	c. Other T O	3 1	5 4	3 6	11 11	1 —
14	Nervous System—a. Epilepsy .. T O	— 1	— —	— 3	— 4	— —
	b. Other T O	— —	— —	— —	— —	— —
15	Psychological—a. Development .. T O	— —	— —	— —	— —	— —
	b. Stability T O	— —	— 2	— —	— 2	— —
16	Abdomen T O	— —	— —	— —	— —	— —
17	Other T O	8 9	8 1	24 10	40 20	29 —

T—Treatment. O—Observation.

TABLE E—DENTAL TREATMENT (SCHOOL CHILDREN)—1968

Treatment	Age 5-9		Age 10-14		Age 15 and over		Total—all ages	
	Permanent	Deciduous	Permanent	Deciduous	Permanent	Deciduous	Permanent	Deciduous
Extractions	5	86	49	15	12	3	66 (86)	104 (142)
Fillings	483	1,536	846	117	288	8	1,572 (1,574)	1,661 (1,584)
X-rays	13	19	43	19	17	4	73 (85)	42 (29)
Local anaesthetics	10		68		65		143 (165)	
General anaesthetics (M.O.)	44		16		3		63 (83)	
General anaesthetics (D.O.)	—		—		—		— (7)	
Teeth made self-cleansing and silver nitrate applied	—	19	—	2	—	2	— (—)	23 (105)
Temporary dressings	17	80	35	15	19	—	71 (58)	95 (63)
Root canal treatment (first)	—	2	6	2	—	—	6 (14)	4 (3)
Root canal treatment (subsequent)	3	2	9	1	—	—	12 (63)	3 (3)
Root canal treatment (last)	1	2	2	2	—	—	3 (10)	4 (1)
Jacket crown (preparation)	—	—	4	—	2	—	6 (5)	— (—)
Jacket crown (fit)	—	—	5	—	2	—	7 (6)	— (—)
Stoning	12	126	15	20	3	—	30 (7)	146 (98)
Surgical	1	—	—	—	—	—	1 (—)	— (—)
Scale and polish	83	—	127	7	39	2	249 (110)	9 (5)
Topical fluoride	32	—	42	—	7	—	81 (11)	— (—)
No. of sessions by Hygienist: 43 (13)								

(The figures in brackets refer to 1967)

**TABLE F—DENTURES AND ORTHODONTIC TREATMENT
(SCHOOL CHILDREN)—1968**

Treatment	Age 5-9	Age 10-14	Age 15 & over	Total (all ages)
Impression	1 (1)	30 (39)	4 (7)	35 (47)
Bite registration	1 (1)	20 (19)	3 (3)	24 (22)
Try in	— (—)	— (—)	2 (1)	2 (1)
Fit denture	— (—)	— (1)	— (3)	— (4)
Fit removable appliance	— (—)	23 (16)	1 (2)	24 (18)
Upper partial	— (—)	— (1)	2 (3)	2 (3)
Lower partial	— (—)	— (—)	1 (—)	1 (—)
Upper full	— (—)	— (—)	— (—)	— (—)
Lower full	— (—)	— (—)	— (—)	— (—)
Ease	— (—)	4 (19)	— (4)	4 (23)
Orthodontic appliance adjustment ..	5 (3)	118 (120)	9 (7)	132 (127)
Repairs	— (—)	6 (—)	1 (1)	7 (1)
Inlays preparation	— (—)	2 (—)	2 (—)	4 (—)
Inlays fit	— (—)	3 (—)	1 (—)	4 (—)
Polishing fillings	106 (42)	141 (79)	42 (35)	289 (156)
Temporary crown-fit	— (1)	3 (1)	2 (4)	5 (6)
Examination and/or advice	478 (370)	369 (376)	100 (99)	947 (845)

(The figures in brackets refer to 1967)

TABLE G—HANDICAPPED CHILDREN, 1968

	(a) Blind	(b) Partially sighted	(c) Deaf	(d) Partially hearing	(e) Educationally sub-normal	(f) Epileptic	(g) Maladjusted	(h) Physically handicapped	(i) Speech defect	(j) Delicate	Total
A. Assessed during 1968 as needing special educational treatment at special schools or boarding homes ..	—	1	—	—	9	—	4	—	—	2	16
B. Placed in special schools or boarding homes during year (including those assessed before 1st January, 1968)	—	1	—	—	9	—	2	—	—	2	14
C. Awaiting placement on 23rd January, 1969 (a) in day schools .. (b) in boarding schools ..	— —	— 1	— —	— —	— —	— —	— 2	— —	— —	— —	— 3
D. (1) Number on the registers of (i) Maintained special schools as (a) Day pupils .. (b) Boarding pupils (ii) Non-maintained special schools as (a) Day pupils .. (b) Boarding pupils (iii) Independent schools (2) Numbers boarded out in homes and not included above ..	— — — — — —	— 1 — 1 — —	— — — — — —	— — — 2 2 —	69 5 — — — —	— — — — — —	— 11 — 1 7 3	— 1 — — 1 —	— — — — — —	— — 7 — — —	69 18 — 11 10 7
TOTAL : D (1) and (2)	—	2	—	4	74	—	22	2	—	7	111
E. Number receiving education (a) in hospitals .. (b) in other groups .. (c) at home ..	— — —	— — —	— — —	— — —	— — —	— — —	— — 2	2 4 1	— — —	— — 2	2 4 5

(NOTE: This table now excludes children attending the Remedial Centre, the Partially Hearing Unit and hospital schools)

